

**CITY OF AMHERST, OHIO  
INCOME TAX DEPARTMENT**

480 Park Avenue Amherst, OH 44001-2258  
Phone (440) 988-4212 Fax (440) 988-3749  
Email: incometax@amherstohio.org

Richard S. Ramsey  
Treasurer

1. Name: \_\_\_\_\_ SSN \_\_\_\_\_
2. Spouse's Name: \_\_\_\_\_ SSN \_\_\_\_\_
3. Address: \_\_\_\_\_ Apt #. \_\_\_\_\_
4. Phone: (     ) \_\_\_\_\_ Date Moved Into Current Location: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Previous address if located in the city: \_\_\_\_\_
6. Do you own your place of residence in the city of Amherst?    \_\_\_\_\_ Yes        \_\_\_\_\_ No  
  
If renting, please give the name and address of owner    \_\_\_\_\_
7. Do you or your spouse own rental property?        \_\_\_\_\_ Yes        \_\_\_\_\_ No
8. Email Address: \_\_\_\_\_
9. Give name, SSN and DOB of all others residing at this address:

NAME	SSN	DOB

10. If you or your spouse are not employed, please complete the grid below by checking the appropriate box.

Name	Retired – No Earned Income	Disabled – No Earned Income

By signing this form, I acknowledge that all statements are true to the best of my knowledge. I also acknowledge that I have received a copy of "Tax Information for Amherst City Residents."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All information provided on this form is confidential and is used for city income tax purposes only.