

VILLAGE OF VERSAILLES

DEPARTMENT OF TAXATION

PHONE 937-526-3294

PO BOX 288

Versailles, OH 45380

**** MANDATORY REGISTRATION - All Versailles Residents ****

Each new resident of the Village of Versailles shall register with the Income Tax Department.

Date: _____

1. NAME: _____ Social Security Number _____ DOB _____
SPOUSE: _____ Social Security Number _____ DOB _____
2. ADDRESS: _____ Phone _____
3. What month & year did you move to VERSAILLES? _____
4. Are you presently employed? YES ___ NO ___
Employer's Name & Address: _____
5. If you are not Employed, are you Retired? YES ___ NO ___
(To qualify as being retired - you are no longer working any jobs, including part-time.)
6. If you are not Employed, are you on Disability? YES ___ NO ___
7. If Self Employed, give type of work & Name of Business _____
8. Does any other person (Children -18yrs or older, Relatives, or Friends) reside with you?)
YES ___ NO ___ (Must be 18 yrs or older) List their name & social security #

9. Do you have any other type of Income, either Farm or Rental? YES ___ NO ___
If yes, please explain _____
What year did you purchase rental property in Versailles? _____

**This information may be shared with other departments within the Versailles Village Offices **