

**VILLAGE OF VERSAILLES
DEPARTMENT OF TAXATION**

177 N Center St
PO Box 288
Versailles, OH 45380
937-526-3294, Ext 204

****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: _____
Spouse 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 – **18 yrs. of older**, Relatives, or Friends) reside with you?
YES ____ NO ____ List their name & social security number:

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 (excluding social security number) may be shared with other departments within the Versailles Village Offices. Social Security number will never be shared.

PLEASE RETURN THIS REGISTRATION TO THE TAX DEPARTMENT WITHIN 10 DAYS OF RECEIPT