

**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.

1. Name: \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_ Phone: \_\_\_\_\_
2. Spouse: \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. What month & year did you move to VERSAILLES? \_\_\_\_\_
5. Are you presently employed? YES \_\_\_\_ NO \_\_\_\_  
Employer's Name: \_\_\_\_\_  
Spouse Employer's Name: \_\_\_\_\_  
If you are not employed, are you:  
Retired? Yes or No (Circle one)      On Disability? Yes or No (Circle one)
6. If Self Employed, give type of work & name of business: \_\_\_\_\_
7. Does any other person– **18 yrs. or older** (Children, Relatives, or Friends) reside with you?  
YES \_\_\_\_ NO \_\_\_\_ If yes list their name, social security number & date of birth.  
\_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_  
SS# \_\_\_\_\_ DOB \_\_\_\_\_
8. 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**