NEWARK CITY INCOME TAX REGISTRATION FORM

NON-RESIDENT INDIVIDUAL CITY HALL, NEWARK INCOME TAX OFFICIAL USE ONLY 40 W MAIN ST-1ST FLOOR PO BOX 4577 NEWARK, OH 43058-4577 DATE RECEIVED_____ (740)349-6740 FAX:(740) 349-6746 DATE PROCESSED____ HOURS: 8:00 AM - 4:30 PM TAX RETURN PREPARATION HOURS: 8:00 - 4:00 MON-WED-FRI NOTE: ALL INFORMATION RECEIVED BY THE NEWARK INCOME TAX RATE IS: 1.75% EFF. 1-1-2002 TAX OFFICE IS CONFIDENTIAL PREVIOUSLY 1.25% CITY ID: _____ NAME: DATE MAILED: ____ ADDRESS: CSZ: PLEASE COMPLETE ALL SECTIONS OF THIS QUESTIONNAIRE TO REGISTER YOU WITH THIS OFFICE OR TO UPDATE YOUR EXISTING TAX ACCOUNT. DO NOT LEAVE ANY QUESTIONS BLANK, ANSWER "N/A" TO QUESTIONS THAT DO NOT APPLY TO YOU. THIS FORM WILL BE RETURNED IF NOT ANSWERED COMPLETELY. PLEASE ATTACH A SEPARATE SHEET IF ADDITIONAL ROOM IS NEEDED. WE APPRECIATE YOUR COOPERATION IN COMPLYING WITH REGISTRATION. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE TAX OFFICE IN 15 DAYS OR BY: DATE OF BIRTH: M/D/YR _____ **SECTION I** PLEASE TYPE OR PRINT 1. FULL NAME: ______ SOCIAL SECURITY #: _____ CURRENT ADDRESS:

		-	PO BOX			STATE	ZIP
HOME PHONE: ()		WOF	RK PHONE: ()		
DATE MOVED TO CU DURING THE PAST S THROUGH	IX YEARS?Y	S (MO/DAY/YR): _ 'ESNO. PLEA . EACH ADDRESS,	SE LIST AN	Y PREVIOUS N	NEWARK ADDRI	ESSES FOR YEAR	.S
IF MARRIED, HAS YO IF YES, YOUR SPOUS QUESTIONS ON A SE	E IS REQUIRED T	TO COMPLETE A S					
SPOUSE'S FULL NAM	E:SOCIAL SECURITY NO:						
		FROM/TO					
RESIDENCE A	DDRESS	M/D/Y - M/D/Y	EMPLO	YER(S)	WORK	LOCATION	
		ļ	!		-		
2. CURRENT EMPLOY DATE STARTED (N DOES YOUR EMPL	MO/DAY/YR):	JOB	/WORK LOC	ATION:	YES	NO	
DOES TOUR EMPT	OTEK WITHHOL	D IOUR NEWARI	N IAA IN FU	LL!	1ES	NO	
3. IF YOU ARE <u>NOT</u> A NEWARK, PROVID		WORK PART OF	YOUR TIME	IN THE CORP	ORATION LIMIT	S OF THE CITY ()F
A: NUMBER (OF HOURS PER D	AY:O	R DAYS PEI	R WEEK:	THAT Y	OU WORK IN NE	WARK.
B: NAME OF EMPLOYER: LOCATION:							

DATE OF HIRE:		(IF SELF EMPLOYE	D IN CITY, PLEASE COMP	LETE SECTION II)
4. DO YOU OWN (NOW OR IN TH	E PAST 6 YEARS) REAL	ESTATE PROPERTY	RENTED TO OTHERS?	YESNO
(AS A NON-RESIDENT OWNING I RENTAL PROPERTY REGARDLE	RENTAL PROPERTY LO		OR A NEWARK RESIDEN	
ADDRESS OF PROPERTY(S)	DATE RENTAL BEG	GAN DATE SOLD	NAME OF NEW PRO	PERTY OWNER
NOTE: LANDLORDS OF NEWAR			TING OF TENANTS ON OR	BEFORE OCTOBER
1ST EACH YEAR, TO INCLUDE: N	NAME, ADDRESS, DATE	S OF RESIDENCY.		
WHAT DO YOU ESTIMATE YOU YOU ARE REQUIRED TO FIL MENTS IF YOUR TAX DUE W THROUGH EMPLOYER WIT	E A DECLARATION OF WILL EXCEED \$100.00 (1)	F ESTIMATED TAX	AND MAKE QUARTERLY	
PLEASE PROVIDE THE NAME, A	DDRESS AND PHONE N	UMBER OF YOUR TA	AX PREPARER:	
DO YOU AUTHORIZE RELEASE O ACCOUNTANT OR TAX PREPAR			DUNT/TAX RETURNS TO Y	OUR
SECTION II COMPLETION NO SHIP OR OTHERWISE INVOLVED TAXES (EXAMPLE: 1099-MISC. IN PROVIDER. ETC.). DOES THIS S	O IN AN ACTIVITY EAR NCOME, MISC. CASH IN	NING INCOME WHICE COME, SUB-CONTRA	H IS NOT SUBJECT TO WI ACT LABORER, HOME CH	THHOLDING OF ILD-CARE
1. TRADE NAME OF BUSINESS/A	ACTIVITY (IF APPLICAE	LE):		
STREET 2. DATE ACTIVITY BEGAN: (M/I 3. NATURE OF BUSINESS COND	D/Y)DATE BEGA UCTED:		DATE_CEASED IN NE	PHONE # EWARK:
4. FEIN:5. TYPE OF OWNERSHIP: (CHEC	ZV ONE)	S.S.#:	IID DADT	NERSHIP
6. DO YOU HAVE EMPLOYEES?	CK ONE)	DO EMPLOYEES W	ORK IN NEWARK?	NEKSIIII
7. DO YOU PAY ANYONE ON A G	CONTRACT BASIS?	YESN	10	
IF YES, YOU ARE REQUIRED TO NOTE: COPIES OF W-2'S AND				ACHARAD
8. IF YOU ARE A NEW OWNER C PREVIOUS OWNER:				
SECTION III REQUIRES I	RESPONSE AND SIG	GNATURE(S)		
1. MARITAL STATUS:	_SINGLEMAI	RRIED		
2. IF MARRIED AND YOU JOIN'S				

ARE YOU REQUESTING A JOINT ACCOUNT? PLEASE CIRCLE - YES OR NO

SEC. NOS. AND SIGNATURES.

I/WE CERTIFY THE ANSWERS PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE FILING OF THIS FORM IS FOR REGISTRATION ONLY AND DOES NOT CONSTITUTE FILING OF A TAX RETURN OR EXEMPTION FORM, WHICH MUST BE FILED BY APRIL 15^{TH} ANNUALLY.

SIGNATURE	DATE					
SIGNATURE	DATE					
THANK YOU, IN ADVANCE, FOR TAKING THE TIME TO COMPLETE THIS FORM IN FULL AND RETURNING IT BY THE DATE REQUESTED.						