

# City of Fairfield



## **INDIVIDUAL QUESTIONNAIRE**

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Please assist us in completing your account information. If you should have any questions while completing this form, please contact our office. Thank you for your cooperation.

### **Taxpayer Information**

Taxpayer Name: \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Type of Income *(Please check all that apply)*:

\_\_\_\_ Employed \_\_\_\_ Self-Employed \_\_\_\_ Rental Property Owner \_\_\_\_ Retired \_\_\_\_ Disabled

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Is local tax being withheld? *(Please check one)*: \_\_\_\_ Yes, name of City \_\_\_\_\_ \_\_\_\_ No

Date moved into Fairfield: \_\_\_\_\_ Do you *(Please check one)*: \_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ Lease

If you rent or lease, what is the name and address of your landlord? \_\_\_\_\_

Date began business in Fairfield *(for Schedule C filers)*: \_\_\_\_\_

Date purchased rental property and location *(for Schedule E filers)*: \_\_\_\_\_

### **Spouse Information**

Spouse's Name: \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Type of Income *(Please check all that apply)*:

\_\_\_\_ Employed \_\_\_\_ Self-Employed \_\_\_\_ Rental Property Owner \_\_\_\_ Retired \_\_\_\_ Disabled

Name of Spouse's Employer: \_\_\_\_\_

Address of Spouse's Employer: \_\_\_\_\_

Is local tax being withheld? *(Please check one)*: \_\_\_\_ Yes, name of City \_\_\_\_\_ \_\_\_\_ No

Date moved into Fairfield: \_\_\_\_\_ Do you *(Please check one)*: \_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ Lease

If you rent or lease, what is the name and address of your landlord? \_\_\_\_\_

Date began business in Fairfield *(for Schedule C filers)*: \_\_\_\_\_

Date purchased rental property and location *(for Schedule E filers)*: \_\_\_\_\_