

CITY OF EASTLAKE

MUNICIPAL INCOME TAX DEPARTMENT RESIDENTIAL TAX QUESTIONNAIRE

Please answer all questions that apply to your household, and return this form to:
Eastlake Tax Department, 35150 Lakeshore Blvd. Eastlake, Ohio 44095

Date moved into The City of Eastlake: _____

Your Name: _____ Social Security # : _____

Present Address: _____

Own: _____ Rent: _____ Other: _____

Landlord's Address: _____

Previous Address: _____

Have you ever lived in Eastlake before? _____ If yes, when: _____

Employers Name & Address: _____

Spouse's Name: _____ Social Security # : _____

Spouse's Employers Name & Address: _____

List person(s) in the household eighteen (18) years of age or older:

Name: _____ Social Security # : _____

Employers Name & Address: _____

Name: _____ Social Security # : _____

Employers Name & Address: _____

If retired, give date retired: (Husband) _____, (Wife) _____

If permanently Disabled, give date disabled: (H) _____, (W) _____

Do you own rental property? Yes _____ No _____

Address of rental property: _____

Tenants Names: _____

Are you Self-Employed? Yes _____ No _____

List name & type of business: _____

(On the Back) List ant type of other earned income in addition to your regular income (Do NOT include bank interst, dividends & pensions)

*Eastlake Tax Ordinance requires ANY individual 18 or older, living, dwelling or has or is maintaining living facilities for themselves or family members in the city for a period of thirty (30) days or more, shall on or before April 15 of each year, make and file a tax return with the City of Eastlake