



SYLVANIA OHIO | DIVISION OF TAXATION

6730 MONROE STREET SYLVANIA, OHIO 43560

419.885.8940 FAX 419.885.3442

Tax Account Registration Form

The information contained on this form is necessary to establish your City of Sylvania income tax account. A response is required within five (5) days. Please correct name and address if needed.

Your name: _____
Your Social Security Number: _____ (required)
Spouse name: _____
Spouse Social Security Number: _____ (required if a spouse is listed)
Address: _____ Email _____
Date moved to Sylvania _____ Telephone number _____

Are you the homeowner? Yes _____ No _____ If no, list name and address of homeowner: _____

Please list your previous address _____
Have you ever lived in Sylvania before? _____ If so, show approximate date _____
If your last name was different, please provide this information _____

Employer name and location _____
Is city income tax withheld? _____ What city? _____
Unemployed _____ Fully-Retired _____ Retired but working part time _____ Permanent Disability _____
Spouse employer name and location _____
Is city income tax withheld? _____ What city? _____
Unemployed _____ Fully-Retired _____ Retired but working part time _____ Permanent Disability _____

Excluding interest & dividends, do you have any other taxable income on which there is no withholding? (Rental property, partnerships, etc.) Yes _____ No _____ If yes, please specify type and location _____

If you or your spouse travel for an employer, please show approximate number of full work days spent outside of city of employment. Days per month: Self _____ Spouse _____

List any additional **employed** household members and their Social Security Number _____

I certify the above to be true and correct.

Signature _____ Date _____ Signature _____ Date _____