



INDIVIDUAL REGISTRATION FORM - MUNICIPAL INCOME TAXES

PLEASE RETURN TO:
The Village of Grand Rapids
PO Box 309
Grand Rapids, OH 43522
(419) 832-5305

FULL NAME: _____ SPOUSE: _____

Social Security #: _____ Social Security #: _____

Move in Date: _____ Telephone: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Prior Address: _____

From: _____ To: _____

PLEASE MAKE THE APPROPRIATE CHECKS REGARDING YOUR EMPLOYMENT STATUS:

Presently Employed: Yes No Self Employed: Yes No Retired: Yes No

Employer Name & Address: _____

Previous Employer:
(if less employed less than 2 years) _____

Spouse Presently Employed: Yes No Self Employed: Yes No Retired: Yes No

Employer Name & Address: _____

Previous Employer:
(if less employed less than 2 years) _____

Other Source of Income: Rent Soc Sec Pension Self-Employed Other _____

Trade Name & Address (If self employed): _____
(Must also fill out a business registration form)

LIST ALL OTHER RESIDENTS IN HOUSEHOLD 17 YEARS OR OLDER: (Use Back if necessary.)

Name	Age	Social Security Number	Where Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____ Date: _____

For Office Use only: Date Received: _____ Filed _____ Forwarded _____