10 N. High St. South Lebanon, OH 45065 Phone: (513) 494-2296 ext.3 Fax: (513) 672-9599 Email: tax@southlebanonohio.org

City of South Lebanon Resident Questionnaire

New Resident (Yes or No)	Change of	f Address with	nin South Lebanon, ple	ase list prior ad	dress	
Filing Status For Return:						
Single	-	Married Filing Jointl		ntly Married Filing Separately		
Your Name		Social Security Numb			umber	
Address: House No. Street Apt. No. City 7	Zip	_	Phone Nu	mber		Move In Dat
Birthday		Email		Employ	er & Address V	Where You Work
If unemployed, please check appropriat			<u> </u>			
	е вох:	Layoff	Full Time Student	Retired	Homemaker	Assistance
Spouse's Name			So	cial Security Nu	ımber	
Birthdate	Phone Numbe		er	Move In Date	(if different)	-
Employer & Address Where Yo	ou Work					
If unemployed, please check appropriat	e box:		5 11 71 61 1 1	2		1
lote: List Below <u>All Other</u> Household Occup	ants Regai	Layoff rdless of Emp	Full Time Student	Retired dditional Pape	Homemaker r if necessary.	Assistance
Name		l Security	Birthdate	_	Move I	n Date
				<u>-</u>		
				_		
*Note: If you are on Assistance you must sup *If you are a Full Time Student and are 18 ye a copy of your school infromation/unofficia *If you are Retired and have no other source attach a copy of your retirement paperwork	ears old or al transcrip e of incom	older you are its showing ho e you are not	exempted from payin ours needs to be provic required to file a Soutl	led annually.		
certify that to the best of my knowledge the	above info	ormation is tr	ue, correct and comple	ete.		
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