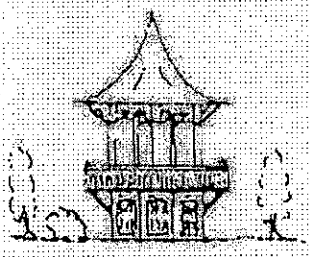

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City of Gallipolis

INCOME TAX DEPARTMENT
P O BOX 339
GALLIPOLIS, OHIO 45631
Telephone (740)441-6009 EXT 721
Facsimile (740)441-2062

NON-RESIDENT INDIVIDUAL QUESTIONNAIRE

For the purpose of establishing and/or updating our records, with regard to Gallipolis Income Tax, please complete and promptly return this questionnaire. Be sure to type or print plainly and answer all questions.

Name _____

Street Address _____ Social Security # _____

City/State/Zip _____ Telephone # _____

Are you now or have you been employed within the City? Yes_____ No _____

Date you became employed within the City _____

Place of employment _____

Do you own rental property in the City? Yes_____ No _____

Date you acquired rental property within the City _____

Location of the rental property _____

Do you own a business within the City? Yes_____ No _____

If yes, enter the Business Name _____

Business Address _____

Start-up Date _____

I do hereby certify that to the best of my knowledge the above information is true and correct.

_____ _____
Signature Date

R