

CITY OF ST. BERNARD

110 Washington Ave.

St. Bernard, Ohio 45217

Phone: (513) 242-7710

Website: www.cityofstbernard.org

Fax: (513) 242-5402

Email: tax@cityofstbernard.org

RESIDENT MUNICIPAL INCOME TAX REGISTRATION

New Resident

Resident Address Change

Current St. Bernard Street Address: _____ Apt # _____ St. Bernard, Ohio 45217

Date Moved into St. Bernard: ____/____/____ Total number of people living at this address: _____

Name: _____ DOB ____/____/____ SS# ____-____-____ Employer _____

Spouse: _____ DOB ____/____/____ SS# ____-____-____ Employer _____

Do you own the property in which you live? Yes No Name/Full Address of Landlord: _____

If no, are you renting: Yes No _____

Employer and Address/City/Zip

Employed: You: Yes No Spouse: Yes No You: _____

Retired: You: Yes No Spouse: Yes No Spouse: _____

Are you self employed: Yes No Self Employed Trade Name and Address: _____

Do you own Rental Property: Yes No Address of Rental Property: _____

Other source of Income (Please Specify): _____

E-mail: _____ (Self) Work: _____ Cell: _____

Home Phone: _____ (Spouse) Work: _____ Cell: _____

| Please list other household members: | M/F | DOB | SS# | Employer |
|--------------------------------------|-------|----------------|----------------|----------|
| _____ | _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | _____ | ____/____/____ | ____-____-____ | _____ |

SIGNATURE: _____ DATE: _____