

Resident Registration

Municipality of Sebring Income Tax Department 135 East Ohio Avenue Sebring, Ohio 44672 PH: 330-938-2441 FX: 330-938-6834 Email: tax@sebringohio.net Website: www.sebringohio.net	<p style="text-align: center;">Please complete and return this registration form to the Sebring Income Tax Department by: _____</p> <p style="text-align: center;">All information obtained on this form is strictly confidential and will be used for Income Tax purpose only.</p> <p style="text-align: center;">This request is authorized by Municipal Ordinance #792-60</p>
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The date you moved into Sebring: _____

Your Information...

Full Name	Date of Birth
Actual Street Address	Soc. Sec. No.
Mailing Address <small>(if different from street)</small>	Phone No.

Your Employment Information

Check all that apply to you:

<input type="checkbox"/>	Presently employed - List Name & Address of employer:
<input type="checkbox"/>	Laid Off
<input type="checkbox"/>	Retired with only pension and / or Social Security
<input type="checkbox"/>	Self Employed - Name & Address of business:
<input type="checkbox"/>	Have Rental Income - List source(s)
<input type="checkbox"/>	Have Other Income - List source(s)

Does any city deduct local income tax from your pay? Yes No

If YES, list name of the city and state: _____

Spouse Information...

Full Name	Date of Birth
Actual Street Address	Soc. Sec. No.
Mailing Address <small>(if different from street)</small>	Phone No.

Spouse's Employment Information

Check all that apply to you:

<input type="checkbox"/>	Presently employed - List Name & Address of employer:
<input type="checkbox"/>	Laid Off
<input type="checkbox"/>	Retired with only pension and / or Social Security
<input type="checkbox"/>	Self Employed - Name & Address of business:
<input type="checkbox"/>	Have Rental Income - List source(s) on reverse side
<input type="checkbox"/>	Have Other Income - List source(s) on reverse side

Does any city deduct local income tax from your pay? Yes No

If YES, list name of the city and state: _____

Additional Individual(s) Residing at this Address

<input type="checkbox"/>	Check this box if there is anyone else living at this address that is employed. List their information on the reverse side.
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Property Owner Information (if you rent the premises in which you reside, please list landlord's name and address)

Name
Address