

REGISTRATION / UPDATE FORM

SECTION A - TAXPAYER INFORMATION:

TAXPAYER (PRIMARY)

SPOUSE

Name (Last, First Initial):
.....
Mailing Address:
.....
City, State, Zip:
.....
Date of Birth (MM/DD/YY): | Social Security Number:
____ / ____ / ____ | _____ - ____ - ____

Name (Last, First Initial):
.....
Mailing Address: (If Different From Primary)
.....
City, State, Zip:
.....
Date of Birth (MM/DD/YY): | Social Security Number:
____ / ____ / ____ | _____ - ____ - ____

Primary:
 #1 - **Check This Box IF**, your TOTAL INCOME is solely derived from Interest Earnings, Pensions, Social Security Benefits or Total Disability Benefits.
* * * * *

Spouse:
 #1 - **Check This Box IF**, your TOTAL INCOME is solely derived from Interest Earnings, Pensions, Social Security Benefits or Total Disability Benefits.
* * * * *

#2 - **Check This Box IF**, you have INCOME from Salaries, Wages, Commissions, Business, Other Compensation or any Other Earned Income.
* * * * *

#2 - **Check This Box IF**, you have INCOME from Salaries, Wages, Commissions, Business, Other Compensation or any Other Earned Income.
* * * * *

STOP - If BOTH you and your Spouse have checked Box #1 ONLY, then go to **SECTION D** and complete information on Additional Residents, Sign the Form and Return it in the envelope provided. No further information is requested at this time.

- If you or your Spouse have checked Box # 2, then continue on to **SECTION B**.

SECTION B - EMPLOYMENT INFORMATION:

TAXPAYER (PRIMARY)

SPOUSE

Are you presently Employed? **Yes** - **No** -
If NO, complete the following:
Last Employer:
.....
Last Date Worked: _____ / ____ / ____

Are you presently Employed? **Yes** - **No** -
If NO, complete the following:
Last Employer:
.....
Last Date Worked: _____ / ____ / ____

If YES, complete the following -
Main Employer:
.....
Mailing Address:
.....
City, State, Zip:
.....

If YES, complete the following -
Main Employer:
.....
Mailing Address:
.....
City, State, Zip:
.....

Local Tax Withheld? **Yes** - **No** -
If YES, List City: _____

Local Tax Withheld? **Yes** - **No** -
If YES, List City: _____

(SECTION B - Continued on Back)
(SECTION B - Continued, City of Napoleon, Registration/Update Form)

ADDITIONAL EMPLOYER INFORMATION - List All Additional Employers

TAXPAYER (PRIMARY)

SPOUSE

Employer#2: _____
Address: _____

Employer#2: _____
Address: _____

Local Tax Withheld? **Yes** - **No** -
If YES, List City: _____

Local Tax Withheld? **Yes** - **No** -
If YES, List City: _____

Employer#3: _____
Address: _____

Employer#3: _____
Address: _____

Local Tax Withheld? **Yes** - **No** -
If YES, List City: _____

Local Tax Withheld? **Yes** - **No** -
If YES, List City: _____

Provide Separate Sheet if Necessary.

Provide Separate Sheet if Necessary.

SECTION C - MISCELLANEOUS INCOME:

TAXPAYER (PRIMARY)

SPOUSE

Do you have Farm Income? **Yes** - **No** -

Do you have Farm Income? **Yes** - **No** -

Do you have Rental Income? **Yes** - **No** -

Do you have Rental Income? **Yes** - **No** -

List Addresses of All Rentals:

List Addresses of All Rentals:

- 1- _____
- 2- _____
- 3- _____
- 4- _____
- 5- _____

- 1- _____
- 2- _____
- 3- _____
- 4- _____
- 5- _____

Provide Separate Sheet if Necessary.

Provide Separate Sheet if Necessary.

List Source of any Other Earned Income not listed:

List Source of any Other Earned Income not listed:

- 1- _____
- 2- _____
- 3- _____

- 1- _____
- 2- _____
- 3- _____

SECTION D - ADDITIONAL RESIDENTS:

Please list the Name(s) for anyone living at this address who is Eighteen (18) Years or Older.

(Birthdate and Social Security Number is **OPTIONAL**)

Name (Last, First Initial): _____

Date of Birth (MM/DD/YY): _____ | Social Security Number: _____

Name (Last, First Initial): _____

Date of Birth (MM/DD/YY): _____ | Social Security Number: _____

Name (Last, First Initial): _____

Date of Birth (MM/DD/YY): _____ | Social Security Number: _____

TAXPAYER SIGNATURE _____ **DATE** ____/____/____

SPOUSE SIGNATURE _____ **DATE** ____/____/____

WARNING: Under Ordinance No. 123-95, Section 94.11(A&B), failure to complete and return this form is a misdemeanor in the first degree with possible punishment by law of up to six (6) months in jail and/or a \$1,000 fine.