



INDIVIDUAL NEW ACCOUNT REGISTRATION

All information is required by Montgomery Tax Ordinance. Please complete and return in 15 days. All information submitted to the Tax Office is strictly confidential. The City of Montgomery has a mandatory filing requirement, regardless of any tax due.

Resident: _____ SS# _____

Spouse: _____ SS# _____

Address: _____
City State Zip

Phone #: _____ Email: _____

Previous Montgomery Address, if applicable: _____

Date moved into City: _____ Do you own your home _____ or rent _____? Is this your primary residence? Y N

If you rent, please provide Landlord's name and address:

List other occupants of your household with earned income: (Regardless of age or income level)

Name SS #

Name SS #

If you own rental property located in Montgomery, give current tenant(s) name and move-in date: _____

I certify that to the best of my knowledge, the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature

Date

Form may be faxed to 513-891-2994 or emailed to cabner@montgomeryohio.org

City of Montgomery
10101 Montgomery Road
Montgomery, OH 45242

Phone 513-792-8351
www.montgomeryohio.org