City of Lakewood
Division of Municipal Income Tax
12805 Detroit Ave. Lakewood, OH 44107
Phone (216) 529-6620 * Fax (216) 529-6099
Website: www.ci.lakewood.oh.us

Individual Income Tax Registration

(Please Complete and Return Within Five (5) Days)

Name: _____
First Middle Last

Address: _____Apt. No._____Zip Code:_____

Date moved into the City of Lakewood:_____Phone Number:_____

Your Social Security Number:_____Date of Birth:_____

Spouse's First Name and Middle Initial: _____

Spouse's Social Security Number: _____

List previous address and include the dates of residence: _____

Are you renting your present residence? Yes_____ No_____

If yes, from whom? _____

Present Employer's Name: _____

Address: _____

Does your present employer withhold City of Lakewood Income Tax? Yes_____ No_____

If not, for what city is tax withheld? _____

Do you have rental income anywhere? Yes_____ No _____
(List addresses of rental properties. If property is located in Lakewood, please attach a listing of tenants names, address and social security numbers.)

Are you or your spouse self-employed? Yes_____ No_____

Have you ever had employees? Yes_____ No_____

Do you own a Partnership or S-Corporation? Yes_____ No_____

I hereby certify that all information and statements herein are true and correct

Name: _____ Date:_____
Please Print

Signature: _____