



**City of Lakewood - Division of Municipal Income Tax**

12805 Detroit Ave., Suite 1

Lakewood, OH 44107

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**Individual Income Tax Registration**

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

**Primary Account**

**Joint Account**

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date moved into Lakewood: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Do you have rental income anywhere? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so please attach a list of all addresses of rental properties.)

Are you or your spouse self-employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own a Partnership or S-Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or your spouse retired or disabled? Yes (Me) \_\_\_\_\_ Yes (My spouse) \_\_\_\_\_  
Yes (Both) \_\_\_\_\_ No (Neither) \_\_\_\_\_

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

Primary Signature: \_\_\_\_\_

Joint Signature: \_\_\_\_\_