

**QUESTIONNAIRE**  
**PLEASE COMPLETE THIS FORM COMPLETELY AND RETURN**  
**WITHIN TEN DAYS TO:**

**Lima City Income Tax Department**  
**50 Town Square P O Box 155**  
**Lima, Ohio 45802-0155**

1. **Full Name** \_\_\_\_\_
2. **Address** \_\_\_\_\_  
\_\_\_\_\_
3. **Date moved to current address** \_\_\_\_\_
4. **Your previous address** \_\_\_\_\_  
\_\_\_\_\_
5. **Date you moved to your previous address** \_\_\_\_\_
6. **Social Security Number** \_\_\_\_\_
7. **Home telephone #** \_\_\_\_\_ **Cell phone #** \_\_\_\_\_
8. **Current employer** \_\_\_\_\_  
**Employers address** \_\_\_\_\_  
\_\_\_\_\_
9. **Date of hire** \_\_\_\_\_
10. **Previous employer** \_\_\_\_\_  
**Previous employer address** \_\_\_\_\_  
\_\_\_\_\_
11. **Date of hire with previous employer** \_\_\_\_\_
12. **If you have worked for numerous employers during your residency in Lima, Ohio, then list them below along with the approximate employment dates for each employer. Use the back of this form if necessary.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU!**