

For proper coding purposes, we need to know if you reside within the  
Hopedale Village Corporation Limits. Please mark the appropriate one:

YES \_\_\_\_\_ NO \_\_\_\_\_

MAILING ADDRESS: Village of Hopedale, Income Tax Department, P. O. Box  
476, Hopedale, Ohio 43976.

Shirley Raber, Office hours on Mondays from 9 a.m. to 1 p.m.  
Tax Administrator  
Office Location, Main Street  
Hopedale, Ohio 43976  
Telephone: (740) 937-2857

INDIVIDUAL QUESTIONNAIRE

The Village of Hopedale enacted a 1% Municipal Income Tax effective  
December 20, 1988. The Municipal Income Tax, known as Ordinance 88-4  
requires the furnishing of pertinent information to the Tax  
Administrator. Please refer to the enclosed brief explanation of the  
Municipal Income Tax. the Municipal Income Tax is levied on all earned  
income of residents regardless of where earned. For this reason, it is  
necessary that you set up an account with this office so that we may send  
you the necessary forms.

Non residents pay the 1% tax on all gross wages earned in the Village.  
Please complete this questionnaire within 15 days and return to the  
Village.

PLEASE PRINT

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

WIFE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE

NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ARE YOU EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY TO WHICH TAX IS PAID IF DEDUCTED: \_\_\_\_\_

IS WIFE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER' S NAME. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY TO WHICH TAX IS PAID IF DEDUCTED: \_\_\_\_\_

ARE YOU OR YOUR WIFE ENGAGED IN ANY BUSINESS OR  
PROFESSION? \_\_\_\_\_

DO YOU OR YOUR WIFE HAVE RENTAL INCOME FROM PROPERTIES LOCATED IN OR OUT OF  
THE Village OF HOPEDALE? \_\_\_\_\_

ARE YOU RETIRED? \_\_\_\_\_

PLEASE LIST OTHER EMPLOYED MEMBERS OF YOUR HOUSEHOLD AND THEIR SOCIAL SECURITY  
NUMBER WITH EMPLOYER' S NAME AND ADDRESS ON THE REVERSE SIDE.

It will be your responsibility to notify your employer to withhold the 1%.

**VILLAGE OF HOPEDALE**

INCOME TAX DEPARTMENT

P.O. BOX 476

Hopedale, Ohio 43976

Telephone: (740) 937-2857

DO YOU RENT?      YES \_\_\_\_\_      NO \_\_\_\_\_

RENTER:

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE:

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TO WHOM RENT IS PAID:

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE:

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE HOPEDALE INCOME TAX DEPARTMENT WITHIN 15 DAYS.