

RENTAL QUESTIONNAIRE

INCOME TAX DIVISION

1 Cascade Plaza - 11th Floor
Akron, OH 44308 -1100
(330) 375-2290 Fax (330) 375-2112



TAX OFFICE USE ONLY

Date Issued _____

Agent/Auditor _____

Account No _____

The following information is necessary for our records. PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.

Note: If you manage or supervise rental properties please complete the name and address lines below, which identifies the owner(s) of the property. Owners need to complete the entire questionnaire.

OWNER'S NAME _____ SOC SEC # _____

SPOUSE'S NAME _____ SOC SEC # _____

OWNER'S ADDRESS _____

DAYTIME PHONE _____ BEST TIME TO CALL _____

BUSINESS NAME _____ FED ID # _____

BUSINESS ADDRESS _____

If you have filed a City of Akron Income Tax Return before, what name and account number did you use?

NAME USED _____ ACCOUNT NUMBER _____

If you are an Akron resident, list below all of the rental properties you own. If you are not an Akron resident, list only those properties which are located in the City of Akron.

Street Address	Date Acquired	Number of Units	Gross Monthly Rents
1)			
2)			
3)			
4)			
5)			
6)			
7)			

List any additional properties on the back of this form.

How many people do you employ in Akron? _____ (Include building managers, custodial, maintenance, secretarial, etc.)

Under penalties of perjury, I certify that all information and statements herein (both front and back) are true and correct.

Print Name _____

Signature _____ DATE _____