



City of Lakewood - Division of Municipal Income Tax
 12805 Detroit Ave., Suite 1
 Lakewood, OH 44107
 Telephone: (216) 529-6620 Fax: (216) 529-6099
www.lakewoodoh.gov



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. _____

City: _____ State: _____ Zip Code: _____

Do you have rental income anywhere? Yes _____ No _____

Date of Purchase: ____/____/____

Address (attach list if more than one): _____

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: _____