

VILLAGE OF FAIRFAX
5903 Hawthorne Avenue
Fairfax, Ohio 45227

Clerk-Treasurer:
Barbara Blankemeyer



Fairfax Tax Department
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Tax Clerk:
Ann Willis
awillis@fairfaxoh.org

"Working Together to Build a Better Community"

Individual Income Tax Registration

(Please Complete and Return Within Ten (10) Days)

Primary Account

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____ - _____ - _____

Birth Date: _____

Phone Number: (____) _____ - _____

Email Address: _____

Joint Account

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____ - _____ - _____

Birth Date: _____

Phone Number: (____) _____ - _____

Email Address: _____

Date moved into Fairfax: _____

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: _____

Sent: July 27, 2017