

**Village of Hicksville – Income Tax Department – Registration Form**  
(All information is required by the Tax Department and is confidential per Ordinance.)

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Your Name: \_\_\_\_\_ Soc. Sec # \_\_\_ - \_\_\_ - \_\_\_\_\_

Your Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Soc. Sec. # \_\_\_ - \_\_\_ - \_\_\_\_\_ Spouse's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Filing Status: \_\_\_ Single \_\_\_ Married file joint \_\_\_ Married but will file separately

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Employer: \_\_\_\_\_

Location City/Village: \_\_\_\_\_ State: \_\_\_\_\_

Date you moved into the Village of Hicksville \_\_\_/\_\_\_/\_\_\_\_\_.

Do you have RENTAL or FARM INCOME? \_\_\_ Yes \_\_\_ No

Do you have a business that is operated out of your home or any other location? \_\_\_ Yes \_\_\_ No  
(If yes, give details on back.)

Besides you and anyone else who is applying with you for utilities,  
are there others in your household who are 18 years old or older? \_\_\_ Yes \_\_\_ No  
(If yes, list names and Social Security #s on back.)

**If you are not currently employed, please check one of the following:**

\_\_\_ Retired on Social Security, and/or Pension  
\_\_\_ Receiving Permanent Disability Payments from \_\_\_\_\_  
(note: This does not include temporary sick leave or maternity leave payments.)

\_\_\_ Receiving Public Assistance Type: \_\_\_\_\_ Case # \_\_\_\_\_

\_\_\_ Temporarily Unemployed

\_\_\_ Other (Explain Briefly) \_\_\_\_\_

\_\_\_\_\_  
(Signed)

**Village of Hicksville**  
**EXEMPTION FROM FILING FORM**

(If you qualify for an exemption from filing – Complete this form  
Return it to: Village of Hicksville – Income Tax Department)

FEEL FREE TO CALL OUR OFFICE TO FIND OUT IF YOU ARE ALREADY MARKED EXEMPT  
(419) 542-8621

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Address: \_\_\_\_\_  
\_\_\_\_\_

If you have a spouse living with you, he/she must file unless they are also exempt from filing.

Spouse: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Please note the reason you and/or your spouse are exempt from Village of Hicksville Income Taxes.

Self

Spouse

Active Duty Military or Peace Corp only income  
as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Under 18 at the end of the year  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Only income from retirement Social Security\* and/or pension  
as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Only income from Permanent Disability\*  
As of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

\*Verification Required

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date