

Village of Sherwood – 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 Sherwood ___ / ___ / _____.

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 Sherwood
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 Sherwood 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