

CITY OF CANAL FULTON
Individual Registration Form
phone:330-854-9448

mail to:
155 MARKET STREET EAST
SUITE C
CANAL FULTON, OH 44614

fax to: 330-854-6260
email to:
incometax@cityofcanalfulton-oh.gov

Names:

_____-_____-_____
Primary Social Security Number First Name Middle Last Name

_____-_____-_____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____/____/____ Spouse's date of birth: ____/____/____

All Residents over the age of 18 must register with the City.
Complete separate forms for all those over the age of 18 in the household.

Current Residence Address Information:

Street No. Street Name Apt. /Suite # PO Box

City / Village State Zip Code

Date you moved to this address: ____/____/____ Contact Phone No. (____) ____ - ____

Do you own or rent your home? (Please check one) Own ____ Rent ____

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

Street No. Street Name Apt. /Suite # City / Village State Zip Code

Phone: _____ Email Address: _____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ____ No ____ Is your spouse employed? Yes ____ No ____

Are you retired and/or have no taxable income? Yes ____ No ____ If Yes, date you retired: ____/____/____

Is your spouse retired and/or have no taxable income? Yes ____ No ____ If Yes, date your spouse retired: ____/____/____

Do you have income reported on Federal Schedules C, E or F? Yes ____ No ____

Does your spouse have income reported on Federal Schedules C, E or F? Yes ____ No ____

Estimated Payments: \$ _____

City tax rate is 2% of gross wages. If you pay Another City 2% or more, no tax is due. If you pay Another City that is under 2% you owe the difference to Canal Fulton(example: 1% to Orrville - 2% tax rate = 1% to Canal Fulton). If you pay no local tax (Jackson Township), you would owe 2% to Canal Fulton.

If you are a Landlord of property in Canal Fulton, please submit a copy of the Occupancy Report with this form.

Signature: _____ Date: ____/____/____