

**VILLAGE OF BRADFORD  
DEPARTMENT OF TAXATION**

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PO Box 128

Bradford, OH 45308

**\*\*MANDATORY REGISTRATION - All Bradford Residents \*\***

Each new resident of the Village of Bradford shall register with the Income Tax Department.

1. Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Phone: \_\_\_\_\_

2. Spouse: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Phone: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. What month & year did you move to Bradford? \_\_\_\_\_

5. Are you presently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

If you are not Employed; are you Retired? YES \_\_\_\_\_ NO \_\_\_\_\_

(To qualify as being retired - you are no longer working any jobs, including part-time.)

If you are not Employed; are you on Disability? YES \_\_\_\_\_ NO \_\_\_\_\_

6. If Self Employed, give type of work & name of business \_\_\_\_\_

7. Do any other person/persons - **18 yrs. or older** (Children, Relatives, or Friends) reside with you?

YES \_\_\_\_ NO \_\_\_\_ List their name, social security number and date of birth.

Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

8. Do you have any other type of Income, either Farm or Rental? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

What year did you purchase rental property in Bradford? \_\_\_\_\_

*This information (excluding social security numbers) may be shared with other departments within the Bradford Village Offices. Social Security numbers will never be shared.*

**PLEASE RETURN THIS REGISTRATION TO THE TAX OFFICE OR CITY BUILDING WITHIN 10 DAYS OF RECEIPT!**