

City of East Liverpool Income Tax Department

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Sharon Williams, Tax Commissioner

INDIVIDUAL REGISTRATION FORM

NAME:	SS#:	DOB:
	SS#:	
PHYSICAL ADDRESS:		
MAILING ADDRESS:		The state of the s
CITY:	STATE:	ZIP CODE:
PHONE #:	CELL PHONE;	
	OWN: RENT:, LANDLORD'S NAME:	
4.	ADDRES	S:
SELF- EMPLOYED:	SELF-EMPLOYED: DISABLED:	RETIRED:
SPOUSE- EMPLOYED:	SELF-EMPLOYED: DISABLED:	RETIRED:
If self-employed- BUSINESS NA	ME:	
ADDRESS:		Annual Control of Province Province Control of Control