



City of Port Clinton Department of Taxation

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New Resident Registration Form

All new residents are required to register and an annual return is required, whether or not, one has taxable income. Please complete form, sign, date and return to the City of Port Clinton, Department of Taxation. This is a fillable form and can be submitted online. Once completed, sign by typing name and date, then hit the submit button.

Table with 4 columns: NAME (FIRST, MIDDLE INITIAL, LAST), SOCIAL SECURITY NUMBER, DATE OF BIRTH, PHONE NUMBER. Includes header: NEW RESIDENT INFORMATION: List all names, social security numbers, date of birth & phone number of all occupants. Children under 18 are not required to be registered.

Table with 5 columns: ADDRESS, CITY, STATE, ZIP, MOVE IN DATE. Header: ADDRESS

Do you own the property listed above? If No, please provide the name and address of your Landlord.

Landlord Information: _____

Are you employed? Are the other occupants employed? If Yes, list the employer and occupation for all occupants

Table with 3 columns: NAME (FIRST, MIDDLE INITIAL, LAST), EMPLOYER NAME, OCCUPATION. Header: EMPLOYER INFORMATION

Does anyone travel for their job? Who? _____

Do you own rental property? If Yes, Complete the Long-Term/Short-Term Rental Property Registration Form

What is the address of your rental property (s): _____

Do you receive any other income besides W2 Income? If Yes, please list all sources: _____

I certify that the above to be true and accurate:

(Signature) _____

(Date) _____