

Mail To:

City of Port Clinton, Department of Taxation 1868 E. Perry Street, Port Clinton, OH 43452

Fax To: 419-732-6558

Email To: pcincometax@portclinton-oh.gov

LANDLORD/TE	NAN	NT REPORTI	NG				
This report must be con				all tenants 18 a	and over are req	uired to be reported.	
If a forwarding address							
in/move-out and Semi This is a fill-in form. Sav							
Tax Department.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii with adobe and	attach to an ci			
REPORTING PERIOD	(Pleas	se check one)	Move In Report		Move Out Rep	oort	
Jan 1-June 30	Semi A	Annual Report	July 1-D	ecember 31 S	emi-Annual Re	port	
			PROPERTY	OWNER			
SSN/EIN	•						
PROPERTY OWNER NAME:							
PROPERTY OWNER ADDRESS:							
PROPERTY OWNER PH	IONE:						
PROPERTY OWNER EM							
		I					
TENANT NAME		ADDRESS	PHONE	MOVE IN	MOVE OUT	FORWARDING	
TENANT NAME	ADDRESS		NUMBER	DATE	DAT	ADDRESS	
SIGNATURE OF PROPI	ERTY O	WNER:					
DATE:							