



[www.blueash.com](http://www.blueash.com)

## Income Tax Division

4343 Cooper Road  
Blue Ash, Ohio 45242-5699



(513) 745-8516

Fax (513) 745-8651

TTY (513) 745-6251

[blueashtax@blueash.com](mailto:blueashtax@blueash.com)

Dear Resident:

In a continuing effort to update our records, your cooperation will be needed. So that your tax status may be determined, you are required by the Blue Ash Tax Ordinance to complete the questionnaire on the reverse side of this letter and return it to us within ten (10) days. A return envelope is included for your convenience.

This letter will serve to advise you that the City of Blue Ash maintains a one and one-quarter percent (1.25%) earnings tax. This tax is levied on gross wages, salaries, including sick and vacation pay, commissions, other compensation, net profits of businesses, professions, rentals and other activities. Interest, dividends and pensions are not taxable. If your total wages are fully taxed in your city of employment at that city's tax rate of one and one-quarter percent or more and you receive no refund of any or all of those taxes, you will not be required to pay the Blue Ash tax.

- If you or any member of your household pays any city taxes through their employer, you must include a copy of a recent pay stub or W-2 (or copy of city return if self-employed) when returning the questionnaire.
- If anyone listed is not employed (retired, homemaker, child, on disability, temporarily unemployed, etc.), please give this explanation on the reverse side.

If you have any questions, please contact the Blue Ash Tax Office, Monday through Friday, 8:00 AM to 5:00 PM at 745-8516. Thank you for your cooperation.

Sincerely,

BLUE ASH INCOME TAX DIVISION

CITY OF BLUE ASH CONFIDENTIAL RESIDENT QUESTIONNAIRE

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_ ACCT. NO. \_\_\_\_\_  
House No. Street Apt. Zip Code (Office Use Only)

YOUR NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS WHERE YOU WORK \_\_\_\_\_

Do you pay earnings tax to a city? \_\_\_\_\_ If so, what city? \_\_\_\_\_ Date present employment began \_\_\_\_\_

Do you or does anyone in your household receive a refund from your city of employment? \_\_\_\_\_ If so, who? \_\_\_\_\_

Do you have business income? \_\_\_\_\_ In Blue Ash? \_\_\_\_\_ Where? \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS OF EMPLOYMENT \_\_\_\_\_ DATE PRESENT EMPLOYMENT BEGAN \_\_\_\_\_

Does spouse pay earnings tax to a city? \_\_\_\_\_ If so, what city? \_\_\_\_\_

NOTE: LIST BELOW ALL OTHER HOUSEHOLD OCCUPANTS REGARDLESS OF EMPLOYMENT STATUS. USE ADDITIONAL PAPER IF NECESSARY.

Name	Soc. Sec. #	Employer	Address of Employment	Date Began	Pay Taxes to What City?

If anyone listed above pays City taxes through their employer, you must include a copy of a recent pay stub or W-2 with this form. This information will exempt you from filing a yearly Blue Ash Tax Return if your taxes are fully withheld and no refund is received from city of employment.

If you rent, give name and address of landlord

If any member of your household owns rental property, give name

Address of rental property \_\_\_\_\_ Date acquired for rental \_\_\_\_\_

Name of current tenant (if property located in Blue Ash) \_\_\_\_\_

I hereby certify that to the best of my knowledge the above information is true, correct, and complete.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to: Blue Ash Tax Office, 4343 Cooper Road, Blue Ash, OH 45242-5699 or fax to (513) 745-8651.  
If any of the above information changes, you are required to notify us within thirty (30) days.