CITY OF XENIA
Division of Income Tax
PO Box 490
Xenia, OH 45385-0490
937-376-7248
M-F 8:00 AM to 5:00 PM
Fax: 937-376-8914
Secure Email available on our website
www.eXploreXenia.com

Date form completed_____
Xenia Tax Account Number _____

Taxpayer Name:_____
Taxpayer Street Address:_____
Taxpayer City, State, Zip_____
Taxpayer Phone # _____**Tax Payer Email**_____

Roster of Tenants

In accordance with Xenia Codified Ordinances, owners of rental properties within the City of Xenia shall furnish a list of names of all individuals 18 of age or older residing in each household for the property you own or manage within the city limits of Xenia, semi-annually by January 30th and July 30th. You can submit your own spreadsheet or use this form.

Rental Rosters should include the following information for each resident **over the age of 18**:

- Name of each resident **over the age of 18**
- Current Address
- Date Moved in
- Social Security Number

No Rental Roster is required if any of the following apply **(check the appropriate box and return)**

☐ All Xenia Rental Property Sold
☐ All Xenia Rental Property Vacant

Please submit a completed Rental Roster to
City of Xenia Income Tax Division, PO Box 490, Xenia OH 45385
Thank you for your cooperation!

NAME *(Print full name)*	SOCIAL SECURITY #	ADDRESS	DATE MOVED IN	VACANT
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For office use only: Input by_____ on ____/____/_____
Revised 12/18/17