



207 North Main Street | Orrville, Ohio 44667-1639 | Phone (330) 684-5008 | FAX (330) 684-5023 | www.orrville.com

To determine your city tax filing status, please complete the following questionnaire and return it to the Orrville Income Tax office within the next 10 days. All questions must be completed. Failure to complete and return this questionnaire is a violation of the Orrville Income Tax Ordinance. All information contained in this questionnaire remains confidential.

1. Current residential address _____ 2. Date moved in _____ 3. Own or rent _____

4. In this section, list all persons (18 years of age or older) who reside at this address, SSN, name of their employer, and indicate if they have Orrville or other city income tax withheld from their earnings.

Name	Social Security Number	Employer	Are city taxes withheld from these earnings?
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

5. If you are retired and your sole income is one of choices listed below, check here _____. Circle the type(s) of income that apply. Social Security, Pension, Interest, Dividend, Other: _____.

6. If you are permanently disabled and receive no 'earned income', (as reported on W2 or 1099), check here _____.

7. If you are temporarily unemployed, check here _____. You will be required to notify the Orrville tax department when employment is obtained.

8. Do you own property that you rent to others? Y N This includes residential dwellings, commercial property or equipment.

9. If you pay rent for your current residence, list the name and address of your landlord: _____.

10. Do you receive income from self-employment? Y N. If yes, describe the nature of the business on the back of this form.

11. If you receive income from partnerships, estates, trusts, royalties, director pay or lottery winnings, please explain: _____.

I attest that the above information is true and correct.

Signature: _____ Date: _____ Telephone: _____

Income Tax Department