The City of Orrville OHIO

207 North Main Street
Orrville, Ohio 44667
www.orrville.com

# CITY OF ORRVILLE
# INDIVIDUAL TAX RETURN
# EZ FORM

**Due date:**
April 15th

**Mail to:**
City of Orrville
Income Tax Dept.
P.O. Box 61
Orrville, OH 44667

**Questions:**
(330) 684-5008

This form may be used if one or more of the following situations apply. If your income does not fit any of the following categories, you must use the standard individual income tax return. This form may be used in place of the standard income tax return form IR.

Check the appropriate box or boxes below, attach the required support, sign and return. Any explanations may be written on the back of this return

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Part year residents: Date moved in _____

Date moved out _____

☐ I/we were retired and received only pension, social security, interest, dividends or other non-taxable income for all of the taxable year.

☐ I/we were permanently or temporarily disabled for the entire taxable year and received no earned income, only disability, social security or workers compensation.

☐ All earnings had municipal income tax withheld (Orrville or another city) at a rate of 1% or greater and I did not have any other type of business or rental activity income during the taxable year. **Copies of all W-2 forms must be attached**.

☐ All earnings paid to me were for services as an active member of the United States Armed Forces and I did not have any other type of business or rental activity income during the taxable year.

☐ I was unemployed and had no taxable income for the entire year.

☐ I was under the age of 18 for the entire year.

☐ Taxpayer was deceased prior to January 01 of the taxable calendar year. **Attach copy of death certificate**.

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The undersigned declares that this return (and accompanying schedules) are a true, correct and complete return for the taxable period and that the figures used are the same as used for Federal Income Tax purposes.

Taxpayer's signature _____ Date _____

Spouse's signature (If jointly filed) _____ Date _____

Taxpayer's Social Security Number _____

Spouse's Social Security Number (If jointly filed) _____