



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

CITY OF ORRVILLE INDIVIDUAL TAX RETURN EZ FORM FOR TAX YEAR _____

Full name _____ Spouse's name (if joint return) _____

Address _____

City, State, Zip _____

Social Security No. _____ Spouse's Social Security No. _____

Due date:
April 15th

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

Questions:
(330) 684-5008

Part year resident: Date moved in: _____ Date moved out: _____

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

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

I was retired and received only pension, social security, interest, dividends or other non-taxable income for all the taxable year. **If you filed a federal tax return, attach a copy of page 1 of the federal tax return (form 1040).**

All wages earned had municipal income tax withheld at a rate of 1% or greater and I did not have any other type of business or rental activity during the taxable calendar year. **Copies of all W-2's must be attached.**

All wages earned were paid as an active member of the Armed Forces of the United States and I did not have any other type of business or rental activity during the taxable calendar year. **Copies of all W-2's must be attached.**

I was under age 18 for all of the taxable calendar year and I was sent a return. **Attach a copy of birth certificate or drivers license.**

I had no taxable income for the entire year. **If you filed a federal tax return, attach a copy of page 1 of the return.**

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

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 _____