

EZ FORM



This box for internal use only.

CITY OF ORRVILLE, OHIO
DIVISION OF TAXATION
207 North Main Street
P.O. Box 61 * Orrville, OH 44667
PH: 330.684.5008

INDIVIDUAL INCOME TAX RETURN
2015

Due on or before April 15, 2016

TAXPAYER NAME (S) _____
ADDRESS _____

Part Year Resident

Date moved in _____

Date moved out _____

If one or more of the following situations apply, use this form in place of the standard income tax return Form IR. Otherwise, if your income does not fit any of the following categories, you must use the standard individual 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. Just mouse down and right click to mark the checkbox.

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.**

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)