



INDIVIDUAL MUNICIPAL INCOME TAX DROP-OFF COVER SHEET

Step 1: GENERAL INFORMATION

Name: _____
Current Address or PO Box Number: _____
City, State and Zip Code: _____

Social Security Number (Last 4 digits only): XXX-XX-____ Tax Year: _____

Filing Status:
 Single or Married Filing Separately
 Joint Spouse's Name: _____ Spouse SSN: XXX-XX-____

Complete if you have moved since January 1, 2019:
Previous Street Address or PO Box Number: _____
City, State, and ZIP Code: _____
Move out date of previous address: _____

- Check any of the boxes if the situation applies to you:**
- You are under 18. Provide Date of Birth: ____/____/____
 - You are retired. Provide Date of Retirement: ____/____/____
 - Your spouse is retired. Provide Spouse Retirement Date: ____/____/____
 - You have no Municipal Taxable Income to report for the entire year.

Step 2: DOCUMENTATION (DOCUMENTS WILL NOT BE RETURNED)

- Include copies of the following documents:**
- W-2s (include the copies to be filed with Employee's City or Local Tax Return)
 - Schedule C – Profit or Loss from Business
 - Schedule E – Supplemental Income and Loss (includes rental income)
 - Other income (1099-NEC/MISC, Schedule F – Profit or Loss from Farming, 4797 -Sales of Bs Property Income)
 - Federal Form 1040 (1st two pages) and Schedule 1

Signature _____ **Date:** ____/____/____
Contact Phone Number (for questions): _____

Please drop the above information off in an envelope in the 24/7 drop box the Administration door at the East wing of the Municipal Bldg or Mail this information with this form to:

City of Oregon, Tax Dept., 5330 Seaman Road, Oregon, OH 43616
Phone: 419-698-7034

