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INCOME TAX DIVISION  
DEPARTMENT OF FINANCE

PATRICIA CHITTOCK  
TAX COMMISSIONER

**DANIEL HORRIGAN, MAYOR**

\_\_\_\_\_ TAX YEAR

**DUE DATE: APRIL 15th OR IRS DUE DATE IF APPLICABLE**

**TAX FORM COMPLETION REQUEST**

Please include all of your W-2's, Federal Schedules, K-1's (and any other applicable statements showing income), and mail to the address above.

Please print clearly

Name: \_\_\_\_\_

SSN \_\_\_\_\_

Spouse Name (only if filing joint): \_\_\_\_\_

SSN \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Did you move during tax year? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please provide the date you moved from your prior address: \_\_\_\_\_

Prior Address: \_\_\_\_\_

\_\_\_\_\_

Under penalties of perjury, the undersigned declares that the accompanying W-2's, Federal Schedules, K-1's and other income documentation (if any) are true, correct and complete income information for the taxable period, and that the figures on accompanying schedules are the same as used for Federal income tax purposes. By completing this form and remitting the necessary information and documentation, the undersigned requests completion of the municipal income tax return, and understands that responsibility to ensure that all tax due is paid by appropriate and lawful due dates is the responsibility of the tax payer.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Spouse's signature (if filing joint) Date

A copy of your completed form will be sent to you. If a balance is due, and is not paid, you will be billed (bill will include any applicable penalty and interest). If you know the amount due, please enclose your payment, payable to CITY OF AKRON, OHIO or check our website (akronohio.gov/1040) for additional payment options.

Please list all employment, including self-employment

Employed from date	Employed to date	Employer's name	Locality where worked