## **CITY OF OAKWOOD**

## **2020 TAX RETURN COMPLETION REQUEST**

(This form must accompany your documents)

<b>TAXPAYER INFORMATION:</b> Please print a	Il information legibly		
NAME	SSN		
SPOUSE NAME		SSN	
(List spouse information ONLY if filing joint Oakwood in separate form.)	ncome tax return. If filing separa	te Oakwood returns, each taxpayer m	ust complete a
CURRENT ADDRESS			
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER			
EMAIL			
Have you moved since 12/31/2019? YES _ If yes, please provide the following: PRIOR ADDRESS			
CITY	STATE	ZIP CODE	
DATE MOVED IN OR OUT OF THE CITY OF	OAKWOOD	<del></del>	
DOCUMENTS TO INCLUDE:			
Include copies of all W-2s and page 1 of you on Line 8, please include Schedule 1. If app applicable statements supporting income or return and will not be returned to you. Photo	olicable, you should also inc r loss. <u>All documents will</u>	clude federal Schedules C, E ar	nd F and any other
MAIL OR DROP OFF INFORMATION TO:	City of Oakwood Income Tax Department Attn: Taxpayer Assistance 30 Park Avenue		
	Oakwood, OH 45419		
Under penalties of perjury, the undersigned declares the 2020 tax year and that the figures on accompanying schocessary information and documentation, the undersite responsibility to ensure that all tax due is paid by the law must still be made by appropriate deadlines as penalty	hedules are the same as used for igned request completion of the 2 wful due date is the responsibility	federal purposes. By completing this 2020 City of Oakwood income tax return of the taxpayer. The undersigned under	form and remitting the rn and understand that derstand that
Signature		Date	
Spouse Signature (if filing joint return)	<del>-</del>	Date	