

**CITY OF ORRVILLE  
INCOME TAX DEPARTMENT  
207 NORTH MAIN ST, PO BOX 61  
ORRVILLE, OH 44667  
PHONE: (330) 684 5008  
FAX: (330) 684 5023**

**INDIVIDUAL REGISTRATION**

Please mail or fax this completed registration to the Orrville Income Tax Department. The city requires all residents, over the age of 18, to file annual income tax returns whether or not a tax is due. Part year residents must file on the portion of time they were residents of the city. Orrville's income tax rate is 1.0%.

Primary name: \_\_\_\_\_ Primary Social Security # \_\_\_\_\_  
Spouse name: \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date moved into city: \_\_\_\_\_ Phone # \_\_\_\_\_

**LIST RESIDENTS OF HOUSE WHO ARE 18 YEARS OF AGE OR OLDER**

NAME	SSN	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INCOME SOURCES: Check all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Wages from an employer  | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Rental Income           | <input type="checkbox"/> Disability    |
| <input type="checkbox"/> Social Security/Pension | <input type="checkbox"/> Other         |

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

I declare that the above information is true and correct.

