

Assistance Request Form (for individuals)

City of Perrysburg

201 W. Indiana Avenue, Perrysburg, OH 43551

Phone: 419.872.8035

Fax: 419.872.8037

Email itax@ci.perrysburg.oh.us

www.ci.perrysburg.oh.us

I have requested an extension of time to file with the IRS for this year.
(please include a copy of your Federal extension with your documents)

CITY FILE#	(leave blank if you don't know your city file number)	Taxpayer's Social Security Number
NAME(s)		Spouse's Social Security Number (If joint filing)
ADDRESS		Taxpayer's phone number
CITY, STATE, ZIP		If you changed address during the tax year, please indicate move dates
Type of filing:		INTO Perrysburg OUT OF Perrysburg
Resident full year.		Previous address
Resident part year.		Current address
Non-resident with rental or other income		
Other:		

The following documents are **REQUIRED** in order for the staff to complete your Perrysburg city tax return:

ASSISTANCE REQUEST FORM: fill in your demographic information and then sign & date this Assistance Request Form.

W-2 FORMS: include all copies of your employer W-2 forms showing Medicare wages in box 5 and local withholding in boxes 18-20.

Completed IRS FORM 1040 and SCHEDULE 1 (as filed with the IRS).

SUPPORTING DOCUMENTS: such as pay statements showing year-to-date wages as of your move-in (or move-out date) to assist in calculating taxable income as a part-year resident or other information helpful to complete your city tax return.

The Tax Division will calculate your income tax liability based upon the information provided. If more information is required to complete your city tax return, you will be notified by mail.

Once your tax return has been completed, a printout will be mailed to you for your records along with a payment voucher for any balance calculated to be due. Upon receipt, please review these documents for accuracy and contact our office with any questions.

Due to the high volume of tax returns received by our office during the tax filing season, please allow several weeks for your return to be processed. Our office will work through correspondence in the order it was received.

Mail documentation to:

PERRYSBURG INCOME TAX DIVISION
201 WEST INDIANA AVENUE
PERRYSBURG OH 43551

-OR-

Hand-deliver via the Tax Division's secure drop slot
accessible 24-hours a day, 7-days per week in the
atrium area of the Municipal Building.

The undersigned requests the City of Perrysburg Income Tax Division to determine their municipal income tax liability on their behalf.

Taxpayer signature

Date