**CITY OF OREGON**

**TAX RETURN COMPLETION REQUEST**

**(This form must accompany your documents)**

**TAXPAYER INFORMATION:** Please print all information legibly

NAME _____ SSN _____

SPOUSE NAME _____ SSN _____

(List spouse information ONLY if filing joint Oregon income tax return. If filing separate Oregon returns, each taxpayer must complete a separate form.)

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____

EMAIL _____

Have you moved since 12/31/2024? YES ☐ NO ☐

If yes, please provide the following:

PRIOR ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE MOVED IN OR OUT OF THE CITY OF OREGON _____

**DOCUMENTS TO INCLUDE:**

Include copies of all W-2s and page 1 of your federal income tax return form 1040. If 1040 has income or loss reported on Line 8, please include Schedule 1. If applicable, you should also include federal Schedules C, E and F and any other applicable statements supporting income or loss. All documents will be kept as official attachments to the Oregon return and will not be returned to you. Photocopies are acceptable.

**MAIL OR DROP OFF INFORMATION TO:**

City of Oregon
Income Tax Department
5330 Seaman Road
Oregon, OH 43616

Under penalties of perjury, the undersigned declares that the accompanying documents are true, correct and complete income information for the 2025 tax year and that the figures on accompanying schedules are the same as used for federal purposes. By completing this form and remitting the necessary information and documentation, the undersigned request completion of the 2025 City of Oregon income tax return and understand that responsibility to ensure that all tax due is paid by the lawful due date is the responsibility of the taxpayer. The undersigned understand that payment must still be made by appropriate deadlines as penalty and interest may apply to any outstanding balance not paid by the due date.

_____

Signature Date

_____

Spouse Signature (if filing joint return) Date