



Tax Return Completion Request

Stow Income Tax Division

To Request the Preparation and Filing of the Stow Income Tax Return

Part I Important Request Information

If you would like the City of Stow Tax Division to prepare and file your municipal income tax return for you, please complete this form in its entirety and include all applicable supporting documentation so we can accurately process and finalize your Stow income tax return. A copy of your completed return will be sent to you along with notification of any balance due.

Tax Year(s)

Due Date: April 15th or IRS Due Date

Part II Individual Information

A. Primary Account Information

1	Name	
2	SSN	
3	DOB	
4	Email	
5	Phone	

B. Joint Account Information (If Applicable)

1	Name	
2	SSN	
3	DOB	
4	Email	
5	Phone	

C. Address Information

1	Current Address	1	
2	Current City/State/Zip	2	
3a	Did You Move During this Tax Year?	3a	
3b	If Yes, Please Provide the Date You Moved.	3b	
3c	Prior Address	3c	
3d	Prior City/State/Zip	3d	

D. Mailing Address Information (If Different)

1	Mailing Address	1	
2	Mailing City/State/Zip	2	

Part III Supporting Documentation Checklist

Please check the boxes below to indicate the types of tax documentation you are supplying to our office. Supporting documents will **NOT** be returned to the taxpayer. Please review more examples of taxable income vs nontaxable income on our website.

<input type="checkbox"/>	W-2 - Wage and Tax Statement	<input type="checkbox"/>	1099-NEC - Nonemployee Compensation
<input type="checkbox"/>	W-2G - Certain Gambling Winnings	<input type="checkbox"/>	1099-MISC - Miscellaneous Income
<input type="checkbox"/>	Schedule C - Profit or Loss from Business	<input type="checkbox"/>	Form 4797 - Sales of Business Property
<input type="checkbox"/>	Schedule E - Supplemental Income and Loss	<input type="checkbox"/>	Other -
<input type="checkbox"/>	Schedule K-1 - Partner's Share of Income, Deductions, Credits, etc.		

Part IV Taxpayer Signature(s)

Under penalty of perjury, I certify that to the best of my knowledge the information on this form and the accompanying schedules is true, correct, and complete for the above listed tax year(s). By submitting these documents, I request the completion of my municipal tax return(s) and understand it is the responsibility of the taxpayer to pay all tax due by the appropriate due dates.

Taxpayer Signature _____

Date _____

Joint Taxpayer Signature _____

Date _____