

CELINA INCOME TAX RETURNS

ACCOUNT # _____ YEAR _____

Tax Administrator
City Hall - 2nd Floor, P.O. Box 117
Celina, Ohio 45822-0117

Form FR
Revised 11-06

IMPORTANT!!

Please Take This Form To Your Accountant If You Do Not Prepare Yourself. It Contains Your Account Number For This Office And Filing Information For Preparation.

Change
of
Address

- FILING INSTRUCTIONS -

ATTACH W-2s AND 1099s HERE

Information Form

Although some individuals are not required to file annual City Tax Returns, it is necessary for internal purposes for individuals who receive a return to complete and return it to the Tax Administrator. If this is done, you could avoid being considered a delinquent taxpayer. (Please sign at bottom left of page)

- I/We have a Federal extension until _____ (attach copy of extension)
- All tax was withheld by my employer for which I receive full credit (attach **W-2** statement)
- I live and work outside Celina Corporation. (Date moved) _____ (List new address above)
- Retired (Date) _____ Only source of income from: (list all) _____

(Individual's Social Security Number _____ / _____ / _____ Spouse's Number _____ / _____ / _____)

Other: _____

Filing and Extension Dates:

Your return must be filed by April 15, or a copy of a proper and timely filed Federal Extension in lieu of return.

Mandatory Filing: For all Celina residents (18 years or older), self-employed individuals and businesses working within this municipality.

Remittance: Make your remittance payable to the Tax Administrator. (No payment is due or refund/credit issued if less than \$1.01.)

General Information is on back side of this cover page.

Assistance:

For questions not answered in General Information, please call (419) 586-2594, fax: (419) 586-4735 or visit our web site: www.ci.celina.oh.us.

Office Hours: 8:00 a.m. to 5:00 p.m.
Monday thru Friday

Enclosures:

- (2) Final Returns
- (4) Estimate Vouchers
- (1) Estimate Record

Changes in Filing Dates and other taxable items are mandated by the ORC 718.

Signature of Taxpayer or Agent _____ Title _____ Date _____

Address of Above _____

Phone Number of Above _____