

Form WV-EZ

**CITY OF WESTERVILLE, OHIO**

Division of Revenue 64 East Walnut St.  
Westerville, Ohio 43081

**Check your status as  
a resident:**

Full Yr. ( ) Part Yr. ( )

**INCOME TAX RETURN WV -EZ**

DUE BY APRIL 15TH

FOR THE CALENDAR YEAR \_\_\_\_\_

Did you file a Westerville Return In \_\_\_\_\_? YES ( ) NO ( )  
If Moved During Year Of This Return Give Date of Move

INTO WESTERVILLE    OUT OF WESTERVILLE

Name and Address - If incorrect please make necessary changes above

\_\_\_\_\_

**ATTENTION**

**ALL RESIDENTS OF THE CITY OF WESTERVILLE MUST FILE A TAX RETURN**

IF YOU HAVE TAXABLE INCOME YOU MUST FILE THE WESTERVILLE FORM R. HOWEVER, IF YOU  
HAVE NO TAXABLE INCOME, COMPLETE THE **FORM WV-EZ ( BELOW)** AND RETURN THIS FORM WV-EZ  
BY APRIL 15th, IN THE ENCLOSED ENVELOPE TO:

DIVISION OF TAXATION  
64 EAST WALNUT STREET  
WESTERVILLE, OHIO 43081

FOR **QUESTIONS OR ASSISTANCE** IN PREPARING YOUR RETURN, OR TO ACQUIRE A FORM R, CALL **901-6420 OR**  
**VISIT** THE DIVISION OF TAXATION AT 64 EAST WALNUT STREET, WESTERVILLE, OH.

PLEASE CHECK ANY OF THE FOLLOWING INCOME SOURCES YOU HAD:

\_\_\_\_\_ RETIREMENT PENSION

\_\_\_\_\_ SOCIAL SECURITY

\_\_\_\_\_ RENTAL INCOME/LOSS

\_\_\_\_\_ SELF-EMPLOYMENT

\_\_\_\_\_ PARTNERSHIP INCOME/LOSS

\_\_\_\_\_ JURY DUTY

\_\_\_\_\_ VOTING/PRECINT WORK

\_\_\_\_\_ CONSULTING

\_\_\_\_\_ PART -TIME JOB

I CERTIFY ALL INFORMATION TO BE TRUE:

\_\_\_\_\_  
SIGNATURE (DATE)

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
SPOUSE, IF JOINT RETURN (DATE)

\_\_\_\_\_  
SOCIAL SECURITY #