City of Dover 122 East 3rd St Dover , OH 44622



Telephone (330) 343-6299 Fax: (330) 602-2053 Email: tax1@doverohio.com

TAX FILING DUE DATE: July 15, 2020

2019 TAX FORM COMPLETION REQUEST

Please include ALL of your W-2's, schedules and/or K'1's and mail to the address above.

Please print clearly Name: Spouse's Name: Address:			
		Contact number:	
		Email address:	
		Under penalties of perjury, the undersigned declares that the accompanying W-2's and schedules (if any) are true, correct and complete income information for the 2019 taxable period, and that the figures on accompanying schedules are the same as used for Federal income tax purposes.	
Signature	Date		
Spouse's signature	Date		
If you would like a copy of your completed re	eturn, please indicate below:		
Please send a copy of my completed i	return		
I do not need a copy of my completed	d return		
If a balance is due, and is not paid, you will be enclose your payment, payable to CITY OF DO	e billed. If you know the amount due, please OVER		