

City of Warren, Ohio Income Tax Division
INDIVIDUAL QUESTIONNAIRE

For the purpose of our records with regard to the City of Warren Income Tax, you are required to fully complete this form and return it within five (5) days to the City of Warren, Income Tax Division, PO Box 230, Warren, Ohio 44482. Please type or print plainly. THE QUESTIONNAIRE MUST BE FILED WHETHER OR NOT THERE IS ANY LIABILITY FOR WARREN CITY INCOME TAX.

PLEASE NOTE: ALL PERSONS WHO ARE SUBJECT TO THE TAX IMPOSED BY WARREN ORDINANCE 9126/81 MUST FILE A RETURN WHETHER OR NOT A TAX IS DUE. THE TAX RATE IS 2.5%

NAME: _____

ADDRESS: _____

Your Social Security No. _____

Spouse Name (if applicable) _____ Social Security No. _____

1. Are you presently employed? YES NO Spouse? YES NO

2. If not employed, do you receive one of the following: SSI ADC State Unemployment Permanent Disability

3. Are you retired? YES NO

4. Have you been employed at any time during the past five (5) years?

Please list below each employer (starting with your present or last employer) during the past five (5) years.

EMPLOYER	ADDRESS	DATE FROM – DATE TO

Has spouse been employed at any time during the past five (5) years?

Please list below each employer (starting with your present or last employer) during the past five (5) years.

EMPLOYER	ADDRESS	DATE FROM – DATE TO

5. List any changes in your address during the past five (5) years. *Please do not use post office boxes.*

ADDRESS	CITY	STATE	ZIP	DATE FROM-DATE TO

6. Have you been the proprietor of a business in Warren during the past five (5) years? YES NO

Has spouse? YES NO

If yes, list name and location of business. Date From – Date To

Self: _____

Spouse: _____

7. Do you own rental property? YES NO

If yes, list locations of ALL rental property, year property acquired and amount received monthly.

8. Do you own or are you buying the home you live in? YES NO

If no, give name and address of owner.

9. If you are a Warren resident, please list anyone living in your household over the age of eighteen (18) years old and who has earned income:

Name _____ SSN _____

Name _____ SSN _____

Name _____ SSN _____

I CERTIFY THE INFORMATION IS TRUE AND CORRECT.

Signature _____ Date _____

Spouse Signature _____ Date _____

Daytime Phone Number _____ Evening Phone Number _____

Email _____

If you have any questions concerning this Questionnaire, please call 330. 841.2623 or Fax 330.841.2626. Thank you for your cooperation.

City of Warren, Ohio
Income Tax Division
PO Box 230
Warren, Ohio 44482