

2021

WARREN CITY INCOME TAX RETURN

CHECKED BY
PROCESSOR
AUDITED BY
REFUND APPROVED
REFUND CHECK NO.

FOR THE CALENDAR YEAR 2021 TAX RATE 2.5% DUE ON OR BEFORE APRIL 18, 2022 OR THE IRS DUE DATE OR FISCAL YEAR TO FILE FISCAL YEAR OR PARTIAL YEAR RETURN ON OR BEFORE 105 DAYS AFTER END OF PERIOD. FILE TAX RETURNS AND PAY TAXES PROMPTLY TO AVOID PENALTIES

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

SOCIAL SECURITY # SELF
SOCIAL SECURITY # SPOUSE
FED. I.D. #
CASH CHECK M.O. PAID WITH THIS RETURN

Federal 1040 (including Schedule 1) MUST be attached to individual Returns

ATTACH PAYMENT HERE

PLEASE ENTER NAME AND ADDRESS

You must enter your social security number or federal identification number above!

EMAIL ADDRESS

IF MOVED, GIVE FORWARDING ADDRESS

Moved into Warren on DATE

Retired DATE

Moved from Warren on DATE

Own Rental Yes No

To Pay by Credit Card
Discover MasterCard VISA
Visit www.officialpayments.com
or call 1-800-2PAY-TAX
(Use Jurisdiction Code 4584)
Official Payments, the service provider, charges a nominal fee for this service

ATTACH W-2's/1099'S HERE

Table with 5 columns: PRINT EMPLOYER'S NAME, WHERE EMPLOYED, WARREN TAX W/H, TAX PAID OTHER CITY, WAGES, ETC. Includes lines 1a-1d and 2-5.

Table with 2 columns: CREDITS, Amount. Includes lines 6-10.

IF OVERPAYMENT OR TAX DUE IS LESS THAN \$10.01, NO CREDIT/REFUND WILL BE ISSUED AND NO TAX IS DUE. THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES), IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED. I AUTHORIZE THE WARREN TAX DEPT. TO DISCUSS MY ACCOUNT WITH MY TAX PREPARER.

SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER PHONE NO. SPOUSE PHONE NO.

**(ATTACH FEDERAL FORMS AND SCHEDULES)**

<b>SECTION A</b>	<b>PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION SOLE PROPRIETORSHIP PARTNERSHIP OR CORPORATION</b>
1. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (ATTACH FEDERAL FORMS AND SCHEDULES)	
BUSINESS ACTIVITY: _____	PROFIT \$ _____
_____	_____
_____	_____
2. TOTAL NET PROFITS .....\$ _____	

<b>SECTION B</b>	<b>Income from Rents – from Federal Schedule E and R</b> *If included in Schedule C, Line 5, Kind and Location of Each Property Must Be Shown Below.					
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)	
NET INCOME .....						\$ _____

<b>SECTION C</b>	<b>All Other Taxable Income</b>		
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, GAMBLING WINNINGS, AND MISCELLANEOUS INCOME (1099 FORM)			
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT	
TOTAL INCOME .....			\$ _____

<b>TOTAL</b>	From Sections A, B & C, Enter on Page 1, Line 2 .....\$ _____
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**SCHEDULE X NOT INTENDED FOR INDIVIDUAL FILERS**

<b>SCHEDULE X</b>	<b>RECONCILIATION WITH FEDERAL INCOME TAX RETURN</b>		*FTI= Federal Taxable Income	*ORC= Ohio Revised Code
<b>ITEMS NOT DEDUCTIBLE</b>	<b>ADD</b>	<b>ITEMS NOT TAXABLE</b>	<b>DEDUCT</b>	
a. CAPITAL LOSSES (Per ORC Sec. 718.01) .....	\$ _____	n. CAPITAL GAINS (Per ORC Sec. 718.01) .....	\$ _____	
b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (Not less than 5% of Line 0) .....	_____	o. INTANGIBLE INCOME TO THE EXTENT IT IS INCLUDED IN FTI* .....	_____	
c. INCOME TAXES (Federal-State-Municipalities) .....	_____	p. OTHER (Explain) .....	_____	
d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUB CHAPTER S CORPORATION .....	_____	.....	_____	
e. CONTRIBUTIONS (in excess of 5% of Net Profits) .....	_____	q. TOTAL DEDUCTIONS (ENTER ON LINE 3b Page 1) .....	\$ _____	
f. OTHER (Explain) .....	_____			
g. TOTAL ADDITIONS (ENTER ON LINE 3a Page 1) .....	\$ _____			

<b>SCHEDULE Y</b>	<b>BUSINESS ALLOCATION FORMULA</b>		
	a. LOCATED EVERYWHERE	b. LOCATED IN WARREN	(b÷a) c. PERCENTAGE
STEP 1. ORIGINAL COST OF REAL ESTATE & TANGIBLE PERSONAL PROPERTY	_____	_____	_____
GROSS ANNUAL RENTALS MULTIPLIED BY 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____ %
STEP 2. WAGES, SALARIES, ETC. PAID	_____	_____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED – CARRY TO LINE 4c, PAGE 1)			_____ %

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME							
1. NAME AND ADDRESS OF EACH PARTNER	2. RESIDENT		3. DISTRIBUTIVE SHARES OF PARTNERS		4. OTHER PAYMENTS	5. TAXABLE PERCENTAGE	6. AMOUNT TAXABLE
	YES	NO	PERCENT	AMOUNT			
(A)				\$ _____	\$ _____		\$ _____
(B)							
7. Totals from Section A and Section B above	xxx	xxx	100	\$ _____	xxxxxxx	xxxxxxx	\$ _____