CHECKED BY . . . . . .
PROCESSOR . . . . . .
AUDITED BY . . . . . .
REFUND APPROVED . . . . . .
REFUND CHECK NO. . . . . .

JEDD ONLY WHW JEDD

WARREN CITY INCOME TAX RETURN

FOR THE CALENDA FOR THE CALENDAR YEAR DUE ON OR BEFORE APRIL 15,
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

$ _____

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

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

ATTACH PAYMENT HERE

PLEASE ENTER NAME AND ADDRESS

EMAIL ADDRESS _____

IF MOVED, GIVE FORWARDING ADDRESS

Moved into Warren on _____ DATE

Moved from Warren on _____ DATE

Retired _____ DATE

Own Rental ☐ Yes ☐ No

To Pay by Credit Card

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

INCOME

1. ENTER YOUR TOTAL COMPENSATION BEFORE ANY PAYROLL DEDUCTIONS

PRINT EMPLOYER'S NAME	WHERE EMPLOYED	WARREN TAX W/H	TAX PAID OTHER CITY	WAGES, ETC.
		$	$	$

1a. TOTAL WARREN TAX WITHHELD → $
1b. TOTAL TAX PAID OTHER CITIES (Not to exceed 2.0% → $
1c. NON-TAXABLE INCOME (Attach Explanation) → $
1d. TOTAL WARREN TAXABLE WAGES → $

SHORT FORM FILERS (W-2 INCOME ONLY) GO TO LINE 5

2. TOTAL INCOME FROM PAGE 2 . . . . . .
3a. ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD $ _____
b. ITEMS NOT TAXABLE (FROM LINE Q SCHEDULE X) . . . . . DEDUCT $ _____
c. DIFFERENCE BETWEEN LINES 3a or 3b TO BE ADDED TO OR SUBTRACTED FROM LINE 2 (+ OR -) . . . . . .
4a. NET INCOME . . . . . .
b. AMOUNT OF LINE 4a ALLOCABLE (_____% from line 5 Schedule Y) . . . . . .
5. AMOUNT SUBJECT TO WARREN INCOME TAX (Line 1d + 4a or 4b) . . . . . .

CREDITS

6. **JEDD INCOME TAX - Multiply Line 5 by appropriate tax rate** . . . . . .
7. Credits (a) Warren Tax Withheld by Employer(s) from Line 1a . . . . . $
(b) Income Taxes paid other cities (Limit 2.0%) . . . . . $
(c) Payments on Current Declaration (or Credit) . . . . . $
(d) Tax Incentive Program Credit . . . . . $
(x) Total Credits Allowable . . . . . .
8a. Balance of Tax Due (Line 6 less Line 7x) . . . . . .
b. PENALTY (15%)_____ INTEREST (.83% per month)_____ LATE FILING ($25) . . . . . TOTAL 8b
9. Tax Due and payable to **City of Warren Income Tax (PAYMENT MUST ACCOMPANY THIS FORM)** . . . . . .
10. Overpayment claimed, refund_____ Credit to next year Declaration _____

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.

NOTE: IN ORDER TO INSURE PROPER CREDIT PLEASE INSERT NAME OR BUSINESS NAME AND ACCOUNT NUMBER IF NOT IMPRINTED ON THIS RETURN FORM:
FILE WITH: CITY OF WARREN INCOME TAX • P.O. BOX 230 • WARREN, OHIO 44482 • (330) 841-2551 • www.warren.org

(ATTACH FEDERAL FORMS AND SCHEDULES)

SECTION A — PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION SOLE PROPRIETORSHIP PARTNERSHIP OR CORPORATION

1. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (ATTACH FEDERAL FORMS AND SCHEDULES)
   BUSINESS ACTIVITY: _____ PROFIT $ _____

2. TOTAL NET PROFITS ..... $

SECTION B — **Income from Rents – from Federal Schedule E and R**
*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 ..... $

SECTION C — **All Other Taxable Income**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, COMMISSIONS, GAMBLING WINNINGS, AND MISCELLANEOUS INCOME (1099 FORM)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME ..... $

TOTAL — **From Sections A, B & C, Enter on Page 1, Line 2 ..... $**

SCHEDULE X NOT INTENDED FOR INDIVIDUAL FILERS

SCHEDULE X — **RECONCILIATION WITH FEDERAL INCOME TAX RETURN** *FTI= Federal Taxable Income *ORC= Ohio Revised Code

ITEMS NOT DEDUCTIBLE	ADD
a. CAPITAL LOSSES (Per ORC Sec. 718.01) ..... $	
b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (Not less than 5% of Line O)	
c. INCOME TAXES (Federal-State-Municipalities)	
d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUB CHAPTER S CORPORATION	
e. CONTRIBUTIONS (in excess of 5% of Net Profits)	
f. OTHER (Explain)	
g. TOTAL ADDITIONS (ENTER ON LINE 3a Page 1) ..... $	

ITEMS NOT TAXABLE	DEDUCT
n. CAPITAL GAINS (Per ORC Sec. 718.01) ..... $	
o. INTANGIBLE INCOME TO THE EXTENT IT IS INCLUDED IN FTI*	
p. OTHER (Explain)	
.....	
q. TOTAL DEDUCTIONS (ENTER ON LINE 3b Page 1) ..... $	

SCHEDULE Y — **BUSINESS ALLOCATION FORMULA**

	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	$	xxxxxxxx	xxxxxxxx	$