

**WARREN CITY INCOME TAX DEPARTMENT  
INDIVIDUAL QUESTIONNAIRE**

**Please complete the following questions to the best of your ability. This information enables our office to establish a tax account for you. If you are currently filing a Warren City Income Tax Return, your account will be updated. If you do not have a current tax account, one will be set up for you and additional information will follow. Please submit within 10 days of receipt.**

Name \_\_\_\_\_ SSN # \_\_\_\_\_

Spouse \_\_\_\_\_ SSN # \_\_\_\_\_

Address \_\_\_\_\_ Date Moved In \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Today's Date \_\_\_\_\_

1. Did you live in Warren any time during the past 5 years?  YES  NO  
If **YES**, list all addresses and applicable dates: **Date From - Date To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did you file a Warren City Income Tax Return last year?  YES  NO

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

4. If unemployed, do you receive  SSI  ADC  
 Permanent Disability  State Unemployment

5. Are you retired?  YES  NO Date Retired \_\_\_\_\_  
Spouse retired?  YES  NO Date Retired \_\_\_\_\_

6. List any other Warren resident living in your home over the age of 16 years old who has earned income.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ SSN \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

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

**EMPLOYER**

**DATE FROM – DATE TO**

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If Spouse has been employed at any time during the past five (5) years, list below.

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

If yes, list name and location of business.

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

10. Do you own rental property in the city of Warren?  YES  NO

If yes, list locations of all rental property and the amount received monthly.

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**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

This Questionnaire must be submitted to the Income Tax Department whether or not there is any liability for Warren City Income Tax. All persons who are subject to the tax imposed by Warren Ordinance must file an annual return whether or not a tax is due. The tax rate is 2%.

**For questions concerning this form call (330) 841-2551.**

**Warren City Income Tax Department  
418 Main St SW  
PO Box 230  
Warren, OH 44482  
FAX: (330) 841-2626**