

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest.....	6	
7. Penalty.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

**Tax Year**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE**

MAKE CHECK OR MONEY ORDER TO:

WARREN CITY INCOME TAX

P.O. BOX 230

WARREN OH 44482-0230

Voice 330-841-2551

Fax 330-841-2626

Name

And

Address

Period Ending

TAX ID

FID/SSN