

2015

# WARREN CITY INCOME TAX RETURN

CHECKED BY .....

PROCESSOR .....

AUDITED BY .....

REFUND APPROVED .....

REFUND CHECK NO. ....

FOR THE CALENDAR YEAR 2015 TAX RATE 2.0% DUE ON OR BEFORE APRIL 15, 2016 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. #
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> M.O. PAID WITH THIS RETURN
\$ _____

Federal 1040, 1040A, or 1040EZ (page 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**

Visit [www.officialpayments.com](http://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

1. ENTER YOUR TOTAL COMPENSATION BEFORE ANY PAYROLL DEDUCTIONS (INCLUDE SICK PAY AND SUB PAY)				
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 or Employee 2106 Form, with Federal Schedule A)	→			\$
1d. TOTAL WARREN TAXABLE WAGES	→			\$
<b>SHORT FORM FILERS (W-2 INCOME ONLY) GO TO LINE 5</b>				
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)				
<b>5. AMOUNT SUBJECT TO WARREN INCOME TAX (Line 1d + 4a or 4b)</b>				

<b>C R E D I T S</b>	6. WARREN INCOME TAX - Multiply Line 5 by 2% . . . . .	
	7. Credits (a) Warren Tax Withheld by Employer(s) from Line 1a	\$
	(b) Income Taxes paid other cities (Limit 2%)	\$
	(c) Payments on Current Declaration (or Credit)	\$
	(d) Tax Incentive Program Credit (See Instructions)	\$
	(x) Total Credits Allowable	
	8a. Balance of Tax Due (Line 6 Less Line 7x)	
	b. PENALTY \$ _____ INTEREST \$ _____ LATE FILING FEE (\$30.00) _____ TOTAL FEES	
	9. Tax Due and payable to <b>City of Warren Income Tax (PAYMENT MUST ACCOMPANY THIS FORM)</b>	
	10. Overpayment claimed, refund _____ Credit to next year Declaration <u>0.00</u>	

**IF OVERPAYMENT OR TAX DUE IS LESS THAN \$5.00, 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 \$ _____
_____	(IF LOSS ENTER "0") _____
_____	_____
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 (IF LOSS ENTER "0") .....\$ _____					

<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 (IF LOSS ENTER "0") .....\$ _____		

<b>TOTAL</b>	<b>From Sections A, B &amp; C, Enter on Page 1, Line 2 .....\$ _____</b>
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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)	_____	_____	_____	_____%

<b>SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME</b>							
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	\$ _____