

WARREN CITY INCOME TAX RETURN

CHECKED BY
 PROCESSOR
 AUDITED BY
 REFUND APPROVED
 REFUND CHECK NO.

FOR THE CALENDAR YEAR 2017 TAX RATE 2.5% DUE ON OR BEFORE APRIL 15, 2018 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, 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
 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

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 2.5%) | → | | \$ | |
| 1c. NON-TAXABLE INCOME (Attach Explanation or Employee 2106 Form, with Federal Schedule A) | → | | | \$ |
| 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)

C R E D I T S

6. WARREN INCOME TAX - Multiply Line 5 by 2.5%

7. Credits (a) Warren Tax Withheld by Employer(s) from Line 1a \$

(b) Income Taxes paid other cities (Limit 2.5%) \$

(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 PENALTY _____ TOTAL 8b.

(see instructions for penalty and interest rates)

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 <small>*If included in Schedule C, Line 5, Kind and Location of Each Property Must Be Shown Below.</small> | | | | |
| 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 | <small>*FTI= Federal Taxable Income</small> | <small>*ORC= Ohio Revised Code</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|----------|---|-------|--|-------|--|-------|---|-------|--------------------------|-------|--|----------|--|--|-------------------|--------|--|----------|---|-------|--------------------------|-------|---|----------|
| <table style="width:100%;"> <tr> <th style="width:50%;">ITEMS NOT DEDUCTIBLE</th> <th style="width:50%;">ADD</th> </tr> <tr> <td>a. CAPITAL LOSSES (Per ORC Sec. 718.01)</td> <td>\$ _____</td> </tr> <tr> <td>b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (Not less than 5% of Line 0)</td> <td>_____</td> </tr> <tr> <td>c. INCOME TAXES (Federal-State-Municipalities)</td> <td>_____</td> </tr> <tr> <td>d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUB CHAPTER S CORPORATION</td> <td>_____</td> </tr> <tr> <td>e. CONTRIBUTIONS (in excess of 5% of Net Profits)</td> <td>_____</td> </tr> <tr> <td>f. OTHER (Explain)</td> <td>_____</td> </tr> <tr> <td>g. TOTAL ADDITIONS (ENTER ON LINE 3a Page 1)</td> <td>\$ _____</td> </tr> </table> | | 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 0) | _____ | 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) | \$ _____ | <table style="width:100%;"> <tr> <th style="width:50%;">ITEMS NOT TAXABLE</th> <th style="width:50%;">DEDUCT</th> </tr> <tr> <td>n. CAPITAL GAINS (Per ORC Sec. 718.01)</td> <td>\$ _____</td> </tr> <tr> <td>o. INTANGIBLE INCOME TO THE EXTENT IT IS INCLUDED IN FTI*</td> <td>_____</td> </tr> <tr> <td>p. OTHER (Explain)</td> <td>_____</td> </tr> <tr> <td>q. TOTAL DEDUCTIONS (ENTER ON LINE 3b Page 1)</td> <td>\$ _____</td> </tr> </table> | | 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) | \$ _____ |
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| f. OTHER (Explain) | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | |
|---|------------------------------------|------------------------------|-----------------------------|----------------------------|
| SCHEDULE Y | BUSINESS ALLOCATION FORMULA | a. LOCATED EVERYWHERE | b. LOCATED IN WARREN | c. PERCENTAGE (b÷a) |
| 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 | \$ _____ |