

2019

WARREN CITY INCOME TAX RETURN

CHECKED BY
 PROCESSOR
 AUDITED BY
 REFUND APPROVED
 REFUND CHECK NO.

FOR THE CALENDAR YEAR 2019 TAX RATE 2.5% DUE ON OR BEFORE APRIL 15, 2020 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 (including Schedule 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
 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)	→			\$
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 _____	0.00		

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. _____

(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	\$
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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	ITEMS NOT TAXABLE	DEDUCT	
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)	\$ _____			

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	\$	xxxxxxx	xxxxxxx	\$