

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 2.000 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Interest - 1.5% per month. ....	6	
7. Penalty - 5% 1st month; 10% 2nd month; 15% 3rd month. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Name

And

Address

**Tax Year 2008**

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 APRIL 30, 2008**

**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

Period Ending JAN-FEB-MAR

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
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8. Total (Include Interest and Penalty if Due). ....	8	

Name

And

Address

**Tax Year 2008**

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 JULY 31, 2008**

**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

Period Ending APR-MAY-JUN

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees. ....	1	
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8. Total (Include Interest and Penalty if Due). ....	8	

Name

And

Address

**Tax Year 2008**

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 OCTOBER 31, 2008**

**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

Period Ending JUL-AUG-SEP

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees. ....	1	
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7. Penalty - 5% 1st month; 10% 2nd month; 15% 3rd month. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Name

And

Address

**Tax Year 2008**

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 JANUARY 31, 2009**

**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

Period Ending OCT-NOV-DEC

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.