

CHECKED BY .....

PROCESSOR .....

AUDITED BY .....

REFUND APPROVED .....

REFUND CHECK NO. ....

# 2008 WARREN CITY INCOME TAX RETURN

FOR THE CALENDAR YEAR 2008 TAX RATE 2.0% DUE ON OR BEFORE APRIL 15, 2009  
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

You must enter your social security number or federal identification number above!

EMAIL ADDRESS \_\_\_\_\_

**▲ IF ADDRESS IS INCORRECT, PLEASE MAKE CORRECTIONS AND CHECK BOX**   
**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>				

C R E D I T S	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)	\$
	(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	

**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>	From Sections A, B & C, Enter on Page 1, Line 2 .....\$ _____
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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 ..... _____	_____	q. TOTAL DEDUCTIONS (ENTER ON LINE 3b Page 1) .....\$ _____	_____	
e. CONTRIBUTIONS (in excess of 5% of Net Profits) ..... _____	_____			
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	\$ _____