

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		

Tax Year 2009

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 FEBRUARY 28, 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

Name _____

And _____

Address _____

Period Ending JANUARY

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		
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		

Tax Year 2009

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 MARCH 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

Name _____

And _____

Address _____

Period Ending FEBRUARY

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		
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		

Tax Year 2009

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, 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

Name _____

And _____

Address _____

Period Ending MARCH

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		
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		

Tax Year 2009

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 MAY 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

Name _____

And _____

Address _____

Period Ending APRIL

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		
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		

Tax Year 2009

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 JUNE 30, 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

Name _____

And _____

Address _____

Period Ending MAY

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		
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		

Tax Year 2009

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, 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

Name _____

And _____

Address _____

Period Ending JUNE

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		
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 2009
 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 AUGUST 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 JULY

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		
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 2009
 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 SEPTEMBER 30, 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 AUGUST

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		
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 2009

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, 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 SEPTEMBER

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		
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 2009

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 NOVEMBER 30, 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 OCTOBER

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		
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 2009
 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 DECEMBER 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 **NOVEMBER**

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		
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 2009
 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, 2010**

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 **DECEMBER**

TAX ID _____

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