

City of Warren, Ohio Income Tax Department

Rental Owner Questionnaire

For the purpose of our records with regard to the City of Warren Income Tax, you are required to fully complete this form and return it within ten (10) days to the City of Warren, Income Tax Department, P O Box 230, Warren, Ohio 44482. Please type or print clearly. This Questionnaire must be completed and returned whether or not there is any liability for Warren City Income Tax.

PLEASE NOTE: ALL PERSONS WHO ARE SUBJECT TO THE TAX IMPOSED BY WARREN ORDINANCE 9126/81 MUST FILE A RETURN WHETHER OR NOT A TAX IS DUE. ALSO SEE ORDINANCE NUMBER 171.19 INFORMATION TO BE SUPPLIED BY OWNERS, LESSORS, LANDLORDS AND CONTRACTORS.

NAME OR BUSINESS NAME _____

MAILING ADDRESS _____

Social Security /Federal Identification Number _____

Spouse's Name _____

Spouse's Social Security Number _____

Do you own rental property within the City limits of Warren? YES NO

RENTAL UNIT INFORMATION

Please list rental unit addresses, amount received monthly from each unit and indicate what year unit was purchased. *If additional space is required, please list on additional paper and attach.*

| <i>ADDRESS</i> | <i>MONTHLY RENT</i> | <i>YEAR ACQUIRED</i> |
|----------------|-------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I certify the information is true and correct.

Signature _____

Date _____

Phone Number _____