

CHECKED BY .....  
 PROCESSOR .....  
 AUDITED BY .....  
 REFUND APPROVED .....  
 REFUND CHECK NO. ....

# 2000 WARREN CITY INCOME TAX RETURN

FOR THE CALENDAR YEAR 2000 TAX RATE 1-1/2% DUE ON OR BEFORE APRIL 15, 2001  
 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			

ATTACH PAYMENT HERE

PLEASE USE LABEL FROM FRONT PAGE ▲

▲ 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

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 1 1/2%) _____			\$	
1c. NON-TAXABLE INCOME (Attach Explanation or Employee 2106 Form) _____				\$
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 M SCHEDULE X) _____ ADD \$ _____				
b. ITEMS NOT TAXABLE (FROM LINE Z 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) _____				
c. LOSS CARRY FORWARD (Note: Loss will not be allowed against W2 income) _____ \$ _____				
d. ADJUSTED NET INCOME (Line 4a or 4b minus 4c) _____				
<b>5. AMOUNT SUBJECT TO WARREN INCOME TAX (Line 1d + 4d) _____</b>				

<b>C R E D I T S</b>	6. WARREN INCOME TAX - Multiply Line 5 by 1 1/2% _____		
	7. Credits (a) Warren Tax Withheld by Employer(s) from Line 1a _____		\$
	(b) Income Taxes paid other cities (Limit 1 1/2%) _____		\$
	(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 (\$15.00) _____ TOTAL FEES _____		
	9. Tax Due and payable to City of Warren Income Tax <b>(PAYMENT MUST ACCOMPANY THIS FORM)</b> _____		
	10. Overpayment claimed, refund _____ Credit to next year Declaration _____		

**DO NOT REMIT ANY TAX UNDER \$1.00**  
 THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES), IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED.

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. \_\_\_\_\_

NOTE: IN ORDER TO INSURE PROPER CREDIT PLEASE INSERT NAME OR BUSINESS NAME AND ACCOUNT NUMBER IF NOT IMPRINTED ON THIS RETURN FORM:  
 FILE WITH: CITY OF WARREN INCOME TAX • P.O. BOX 230 • WARREN, OHIO 44482 • (330) 841-2551

TAX OFFICE COPY

**(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) .....	\$ _____
2. TOTAL .....	\$ _____

<b>SECTION B</b>	<b>Income from Rents — from Federal Schedule E and R</b> If the rental did not gross over \$250.00 in any month (unless conducted as a business or part of a business) disregard. *If included in Schedule C, Line 5, Kind and Location of Each Property Must Be Shown in Schedule G.				
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)
NET INCOME (or loss) .....					\$ _____

<b>SECTION C</b>	<b>All Other Taxable Income</b>	
<b>INCOME FROM PARTNERSHIPS, ESTATES &amp; TRUSTS: FEES, TIPS, COMMISSIONS, AND MISCELLANEOUS INCOME (1099 FORM)</b>		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
TOTAL INCOME .....		\$ _____

<b>TOTAL</b>	<b>From Sections A, B &amp; C, Enter on Page 1, Line 2 .....</b>	<b>\$ _____</b>
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**SCHEDULE X NOT INTENDED FOR INDIVIDUAL FILERS**

<b>SCHEDULE X</b>	<b>RECONCILIATION WITH FEDERAL INCOME TAX RETURN</b>			
<b>ITEMS NOT DEDUCTIBLE</b>	<b>ADD</b>	<b>ITEMS NOT TAXABLE</b>	<b>DEDUCT</b>	
a. CAPITAL LOSSES (From Federal Schedule D) .....	\$ _____	n. CAPITAL GAINS (Exclusive of Gains treated as Ordinary Income for Federal Income Tax purposes. Attach Federal Schedule D) .....	\$ _____	
b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (Not less than 5% of Line Z)	_____	o. INTEREST EARNED OR ACCRUED (Subject to Ohio Intangible Personal Property Tax and Obligations of the United States Government) .....	_____	
c. INCOME TAXES (Federal-State-Municipalities) .....	_____	p. DIVIDENDS .....	_____	
d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUB CHAPTER S CORPORATION .....	_____	q. INCOME FROM PATENTS AND COPYRIGHTS .....	_____	
e. SICK PAY EXCLUSIONS OMITTED IN LINE 1 ABOVE .....	_____	r. OTHER (Explain) .....	_____	
f. CONTRIBUTIONS (in excess of 5% of Net Profits) .....	_____	z. TOTAL DEDUCTIONS (ENTER ON LINE 3b Page 1) .....	\$ _____	
g. TAX SHELTER PLANS .....	_____			
h. OTHER (Explain) .....	_____			
m. TOTAL ADDITIONS (ENTER ON LINE 3a Page 1) .....	\$ _____			

<b>SCHEDULE Y</b>	<b>BUSINESS ALLOCATION FORMULA</b>		<b>a. LOCATED EVERYWHERE</b>	<b>b. LOCATED IN WARREN</b>	<b>(b ÷ a) c. PERCENTAGE</b>
STEP 1. AVERAGE VALUE 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 D above	xxxx	xxxx	100	\$ _____	xxxxxxxx	xxxxxxxx	\$ _____