

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

Voice 330-841-2551 Fax 330-841-2626

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	

Name _____

And _____

Address _____

Tax Year 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

Voice 330-841-2551 Fax 330-841-2626

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

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	

Tax Year 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

Voice 330-841-2551 Fax 330-841-2626

Name _____

And _____

Address _____

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	

Tax Year 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

Voice 330-841-2551 Fax 330-841-2626

Name _____

And _____

Address _____

Period Ending OCTOBER

TAX ID _____

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

FORM W1 1107

EMPLOYER'S WITHHOLDING - MONTHLY

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 2005

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, 2005**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

Voice 330-841-2551 Fax 330-841-2626

Name _____
And _____
Address _____

Period Ending NOVEMBER

TAX ID _____

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

FORM W1 1107

EMPLOYER'S WITHHOLDING - MONTHLY

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 2005

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, 2006**

MAKE CHECK OR MONEY ORDER TO:
WARREN CITY INCOME TAX
P.O. BOX 230
WARREN OH 44482

Voice 330-841-2551 Fax 330-841-2626

Name _____
And _____
Address _____

Period Ending DECEMBER

TAX ID _____

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