

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

# 2005 WARREN CITY INCOME TAX RETURN

FOR THE CALENDAR YEAR 2005 TAX RATE 2.0% DUE ON OR BEFORE APRIL 17, 2006  
 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!

**CREDIT CARD INFORMATION FOR PAYMENT**

(Fees Apply - See Instructions)

ACCT. NUMBER \_\_\_\_\_  
 AMT. \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

▲ 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 2.0%) _____			\$	
1c. NON-TAXABLE INCOME (Attach Explanation or Employee 2106 Form, with Federal Schedule A) _____				\$
1d. TOTAL WARREN TAXABLE WAGES _____				\$
SHORT FORM FILERS (W-2 INCOME ONLY) GO TO LINE 5				
2. TOTAL INCOME FROM PAGE 2 .....				
3a. ITEMS NOT DEDUCTIBLE (FROM LINE 6 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.

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	
<b>ITEMS NOT DEDUCTIBLE</b>	<b>ADD</b>	<b>ITEMS NOT TAXABLE</b>
a. CAPITAL LOSSES (From Federal Schedule D) .....\$ _____		<b>DEDUCT</b>
b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (Not less than 5% of Line 0) ..... _____		n. CAPITAL GAINS (Exclusive of Gains treated as Ordinary Income for Federal Income Tax purposes. Attach Federal Schedule D) .....\$ _____
c. INCOME TAXES (Federal-State-Municipalities) ..... _____		o. INTANGIBLE INCOME TO THE EXTENT IT IS INCLUDED IN FTI* ..... _____
d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUB CHAPTER S CORPORATION ..... _____		p. OTHER (Explain) ..... _____
e. CONTRIBUTIONS (in excess of 5% of Net Profits) ..... _____		q. TOTAL DEDUCTIONS (ENTER ON LINE 3b Page 1) .....\$ _____
f. OTHER (Explain) ..... _____		
g. TOTAL ADDITIONS (ENTER ON LINE 3a Page 1) .....\$ _____		

<b>SCHEDULE Y</b>	<b>BUSINESS ALLOCATION FORMULA</b>	
STEP 1. ORIGINAL COST OF REAL ESTATE & TANGIBLE PERSONAL PROPERTY	a. LOCATED EVERYWHERE	b. LOCATED IN WARREN
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)	_____	_____
		c. PERCENTAGE
		(b÷a)
		_____
		_____
		_____
		_____

<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	\$ _____