

**WARREN CITY INCOME TAX DEPARTMENT
INDIVIDUAL QUESTIONNAIRE**

Please complete the following questions to the best of your ability. This information enables our office to establish a tax account for you. If you are currently filing a Warren City Income Tax Return, your account will be updated. If you do not have a current tax account, one will be set up for you and additional information will follow. Please submit within 10 days of receipt.

Name _____ SSN # _____

Spouse _____ SSN # _____

Address _____ Date Moved In _____

Phone No. _____ Today's Date _____

1. Did you live in Warren any time during the past 5 years? YES NO
If **YES**, list all addresses and applicable dates: **Date From - Date To:**

2. Did you file a Warren City Income Tax Return last year? YES NO

3. Are you presently employed? YES NO
Spouse employed? YES NO

4. If unemployed, do you receive SSI ADC
 Permanent Disability State Unemployment

5. Are you retired? YES NO Date Retired _____
Spouse retired? YES NO Date Retired _____

6. List any other Warren resident living in your home over the age of 16 years old who has earned income.

Name _____ SSN _____
Name _____ SSN _____

PLEASE COMPLETE REVERSE SIDE

7. List below each employer (starting with your present or last employer) during the past five (5) years.

EMPLOYER

DATE FROM – DATE TO

If Spouse has been employed at any time during the past five (5) years, list below.

8. Have you been the proprietor of a business in Warren during the past five (5) years? YES NO

If yes, list name and location of business.

9. Do you own or are you buying the home you live in? YES NO

10. Do you own rental property in the city of Warren? YES NO

If yes, list locations of all rental property and the amount received monthly.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature _____ Date _____

Spouse _____ Date _____

This Questionnaire must be submitted to the Income Tax Department whether or not there is any liability for Warren City Income Tax. All persons who are subject to the tax imposed by Warren Ordinance must file an annual return whether or not a tax is due. The tax rate is 2%.

For questions concerning this form call (330) 841-2551 or fax (330) 841-2626.

**Warren City Income Tax Department
418 Main St SW
PO Box 230
Warren, OH 44482**