

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 five (5) 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.*

ADDRESS	MONTHLY RENT	YEAR ACQUIRED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I certify the information is true and correct.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_