Form **IR-21**

City of Columbus, Income Tax Division

Declaration of Estimated City Income Tax

(also serves as Voucher #1)

2017

-I

First name and Middle Initial | Last Name | Social Security No.

If a joint return, spouse's first name | Last Name | Spouse's Social Security No.

Address

City | State | Zip Code

Check this box if: ☐ **AMENDED** tax year _____

City of Residence

Current Employer's Name

Current Employer's Address

List Other Employer(s) or Business(es) and Address(es)

List Other Employer(s) or Business(es) and Address(es)

Trade Name

Nature of Business

CITY OR CITIES OF INCOME:

1 -

2 -

3 -

4 -

5 -

6 -

7 -

8 -

Did you file a City return last year? ☐ YES ☐ NO

If YES, from what address?

Column A CITY	CODE	Column B ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS ETC.	Column C ESTIMATED INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME	Column D TOTAL NET ESTIMATED INCOME	TAX RATE	Column E ESTIMATED TAX DUE	Column F LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED	Column G ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F)
COLUMBUS	01				2.5%			
GROVEPORT	09				2.0%			
OBETZ	10				2.5%			
CANAL WINCHESTER	11				2.0%			
MARBLE CLIFF	13				2.0%		*	
BRICE	14				2.0%			
HARRISBURG	16				1.0%		*	
ALTERNATE CITY								

***NOTE: RESIDENTS OF HARRISBURG OR MARBLE CLIFF MAY ONLY SHOW CREDIT FOR TAXES TO BE WITHHELD TO THEIR RESIDENT CITY (COLUMN F).**

1. TOTAL NET ESTIMATED TAX DUE (MUST EQUAL THE TOTAL OF COLUMN G) ..... 1 $
2. LESS: OVERPAYMENT CREDITS FROM PREVIOUS YEAR RETURN ..... 2 $
3. CREDIT PREVIOUS DECLARATION PAYMENTS (IF AN AMENDED DECLARATION) ..... 3 $

3A. TOTAL CREDITS (ADD LINES 2 AND 3) ..... 3A $

DUE ON OR BEFORE APRIL 15TH - (A MINIMUM 25% OF LINE 1 DUE)

4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1) ..... 4 $
5. LESS: AMOUNT PAID WITH THIS DECLARATION (ATTACH CHECK OR MONEY ORDER) ▶ 5 $
6. ESTIMATED TAX BALANCE PAYABLE (PAYABLE IN EQUAL INSTALLMENTS FOR EACH QUARTER) USE FORM IR-18 .. 6 $ **(June, September and December)**

SIGNATURE

I declare that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration of estimated income subject to city income tax for the period stated above.

Sign Here ▶ Signature | Date

▶ Spouse's Signature | Date

This Form is Voucher 1

If you are required to make estimated tax payments, you are required to file this form.

Make a copy of this form for your records.

MAILING INFORMATION

NO Payment Enclosed:

Mail to: Columbus Income Tax Division
PO Box 182437
Columbus, Ohio 43218-2437

This form may be electronically filed and paid at www.columbustax.net

Payment Enclosed:

Make payable to: CITY TREASURER

Mail to: Columbus Income Tax Division
PO Box 182158
Columbus, Ohio 43218-2158

Rev. 2/16/17

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