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|--|--|-----------------|--|--|--|--|--|--|--|
| First name and Middle Initial _____ | | Last Name _____ | | Social Security No. _____ | | Check this box if: <input type="checkbox"/> AMENDED tax year _____ | | | |
| If a joint return, spouse's first name _____ | | Last Name _____ | | Spouse's Social Security No. _____ | | | | | |
| Address _____ | | | | | | | | | |
| City _____ | | State _____ | | Zip Code _____ | | | | | |
| Trade Name _____ CITY OR CITIES OF INCOME: 1 - _____ 2 - _____ 3 - _____ 4 - _____ | | | | Nature of Business _____ 5 - _____ 6 - _____ 7 - _____ 8 - _____ | | | | 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) _____ Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, from what address? _____ | |

| Column A | C O D E | Column B <small>ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS ETC.</small> | Column C <small>ESTIMATED INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME</small> | Column D <small>TOTAL NET ESTIMATED INCOME</small> | TAX RATE | Column E <small>ESTIMATED TAX DUE</small> | Column F <small>LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY WHERE INCOME WAS EARNED</small> | Column G <small>ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F)</small> |
|---------------------------------------|------------------|--|--|---|-------------|--|---|---|
| North Pickaway County JEDD | 20 | | | | 2.5% | | | |
| Prairie-Obetz JEDZ | 21 | | | | 2.5% | | | |
| Prairie Township JEDD | 22 | | | | 2.5% | | | |

| | | |
|---|----|--|
| 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 | |
| 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 | |

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

Payment Enclosed:

Make payable to: CITY TREASURER
 Mail to: Columbus Income Tax Division
 PO Box 182158
 Columbus, Ohio 43218-2158