

First name and Middle Initial _____		Last Name _____		Social Security No. _____		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">-1</div> <div style="border: 1px solid black; padding: 5px;"> Check this box if: <input type="checkbox"/> AMENDED tax year _____ </div> <hr/> 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? _____	
If a joint return, spouse's first name _____		Last Name _____		Spouse's Social Security No. _____			
Address _____							
City _____		State _____		Zip Code _____			
Trade Name _____		Nature of Business _____					
CITY OR CITIES OF INCOME:							
1 - _____		5 - _____					
2 - _____		6 - _____					
3 - _____		7 - _____					
4 - _____		8 - _____					

Column A CITY	C O D E	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	\$	
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1)			
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

*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