

Form **IR-21**

City of Columbus, Income Tax Division

**Declaration of Estimated Income Tax**

(also serves as Voucher #1)

**2019**

**ACCOUNT INFORMATION**

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 _____ Trade Name _____ Nature of Business _____ <b>CITY OR CITIES OF INCOME:</b> 1 - _____ 5 - _____ 2 - _____ 6 - _____ 3 - _____ 7 - _____ 4 - _____ 8 - _____	Check this box if: <input type="checkbox"/> <b>AMENDED</b> 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) _____ Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, from what address? _____
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**TAX CALCULATION**

Column A	C O D E	Column B	Column C	Column D	TAX RATE	Column E	Column F	Column G
CITY		ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC	ESTIMATED INCOME FROM NET PROFITS, RENTS, & OTHER TAXABLE INCOME	TOTAL NET ESTIMATED INCOME		ESTIMATED TAX DUE	LESS TAX WITHHELD (W-2) PAID BY PARTNERSHIP OR PAID DIRECTLY WHERE INCOME WAS EARNED	ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F)
<b>Columbus</b>	<b>01</b>				<b>2.5%</b>			

1. TOTAL NET ESTIMATED TAX DUE (MUST EQUAL THE TOTAL OF COLUMN G) .....	<b>1</b>	
2. LESS: OVERPAYMENT CREDITS FROM PREVIOUS YEAR RETURN .....	<b>2</b>	
3. CREDIT PREVIOUS DECLARATION PAYMENTS (IF AN AMENDED DECLARATION) .....	<b>3</b>	
3A. TOTAL CREDITS (ADD LINES 2 AND 3) .....	<b>3A</b>	
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1) ..... DUE ON OR BEFORE APRIL 15TH - (A MINIMUM 25% OF LINE 1 DUE)	<b>4</b>	
5. LESS: AMOUNT PAID WITH THIS DECLARATION (ATTACH CHECK OR MONEY ORDER) .....	<b>5</b>	
6. ESTIMATED TAX BALANCE PAYABLE (USE FORM IR-18 TO PAY IN EQUAL INSTALLMENTS FOR EACH QUARTER) .....	<b>6</b>	

**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, OH 43218-2437

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