

City of Columbus, Income Tax Division  
**Form IR-21J** Joint Economic Development District (JEDD)  
**Declaration of Estimated Income Tax**

(also serves as Voucher #1)

**2021**

**ACCOUNT INFORMATION**

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

**TAX CALCULATION**

| Column A<br>JEDD           |    | Column B<br>ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC | Column C<br>ESTIMATED INCOME FROM NET PROFITS, RENTS, & OTHER TAXABLE INCOME | Column D<br>TOTAL NET ESTIMATED INCOME | TAX RATE | Column E<br>ESTIMATED TAX DUE | Column F<br>LESS TAX WITHHELD (W-2) PAID BY PARTNERSHIP OR PAID DIRECTLY WHERE INCOME WAS EARNED | Column G<br>ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F) |
|----------------------------|----|---|--|--|----------|-------------------------------|--|--|
| North Pickaway County JEDD | 20 |   |  |  | 2.5%     |                               |  |  |
| Prairie Township JEDD      | 22 |   |  |  | 2.5%     |                               |  |  |
| Madison Township JEDD      | 24 |   |  |  | 2.5%     |                               |  |  |

|   |           |  |
|---|-----------|--|
| 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) .....<br>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