

Form **IR-21** City of Columbus, Income Tax Division **Declaration of Estimated Income Tax** (also serves as Voucher #1) **2022**

ACCOUNT INFORMATION

First name and middle initial _____ Last name _____ Social Security Number _____	Last name _____ Spouse's Social Security Number _____	Check this box if: <input type="checkbox"/> AMENDED tax year _____
If a joint return, spouse's first name _____ Last name _____ Address _____ City _____ State _____ Zip code _____	Trade name/DBA _____ Nature of business _____	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? _____
CITY OR CITIES OF INCOME: 1 - _____ 2 - _____ 3 - _____ 4 - _____ 5 - _____ 6 - _____ 7 - _____ 8 - _____		

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)
Columbus	01				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	
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1) DUE ON OR BEFORE APRIL 18TH - (A MINIMUM 25% OF LINE 1 DUE)	4	
5. LESS: AMOUNT PAID WITH THIS DECLARATION (ATTACH CHECK OR MONEY ORDER)	5	
6. ESTIMATED TAX BALANCE PAYABLE (USE FORM IR-18 TO PAY IN EQUAL INSTALLMENTS FOR EACH QUARTER)	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

<p>NO Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, OH 43218-2437</p>	<p>Payment Enclosed: Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158 Columbus, Ohio 43218-2158</p>
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