Form **BR-25** City of Columbus, Income Tax Division

City Income Tax Return For Businesses 2022

FOR THE YEAR _____
BEGINNING _____
ENDING _____

Business name

Current mailing address line 1

Current mailing address line 2

City

State **Zip code**

Did your mailing address change in 2022? ☐ Yes ☐ No

Nature of business

Trade name

Account ID

FEIN

Filing Status - check only one
- ☐ C-Corporation
- ☐ S-Corporation
- ☐ Fiduciary (Trust and Estates)
- ☐ Partnership/Association (do not use this form for Schedule C filers)

Check the appropriate box if:

☐ **REFUND** (An amount must be placed in Line 6B for this return to be considered a valid refund request)

☐ **AMENDED**

- Did you file a City return last year? ☐ YES ☐ NO
- Is this a consolidated corporation return? ☐ YES ☐ NO
- Should your account be inactivated? ☐ YES ☐ NO

If YES, please explain:

REQUIRED: ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE BACK OF THIS RETURN.

Local business address if different from mailing address:

Address 1

Address 2

Address 3

Address 4

Part A TAX CALCULATION

Complete Tax Calculation only to determine your tax.
Do not complete Tax Calculation until after Schedule X and Schedule Y, if applicable, are completed.

Column A City	CODE	Column B Total Net Taxable Income*	TAX RATE	Column C Tax Due	Column D (See Instructions)	Column E Net Tax Due
COLUMBUS	01		2.5%	$0.00		$0.00

***Column B cannot be less than zero (see instructions)**

1. TOTAL TAX DUE (Total of Column E)		1	$0.00
2. **LESS CREDITS** for estimated tax payments and overpayment from prior year return only	2		
3. NET TAX DUE (Line 1 Less Line 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to line 6		3	$0.00
4. PENALTY: 15% _____ (see instructions) + INTEREST _____ (see instructions) + LATE FEE _____ (see instructions)		4	
5. TOTAL AMOUNT DUE (Add Lines 3 and 4). **NOTE:** no payment is due if the amount is $10.00 or less		5	$0.00
6. OVERPAYMENT CLAIMED (if Line 2 exceeds Line 1)	6		
A. Enter the amount from Line 6 you want **CREDITED** to your next year tax estimate →	6A		
B. Enter the amount from Line 6 you want **REFUNDED** (must be greater than $10.00) →	6B		

Part B THESE QUESTIONS MUST BE ANSWERED

Date of incorporation or inception:
Date City business commenced:

Check whether this return was prepared on: ☐ Cash ☐ Accrual basis

Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return?

☐ YES - If YES, provide the FEIN(s) #

☐ NO - If NO, please explain below:

Are any employees leased in the year covered by this return? ☐ YES ☐ NO
If YES, please provide the name and FEIN number of the leasing company

Name

FEIN

Gross city wages paid were $

City tax in the amount of $ was withheld from wages and paid to

Were 1099-MISC forms issued to central Ohio residents? ☐ YES ☐ NO
If YES, attach copies to this return.

SIGNATURE

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated, and that the figures used are the same as used for Federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

Sign Here
Signature of Officer ▶
Title ▶ Date

May the City of Columbus discuss this return with the preparer shown below? (see instructions) ☐ YES ☐ NO

Paid Preparer's Use Only
Signature ▶ Date
PTIN
Phone #

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

Business name:	EIN/FID number:

Schedule X — RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER CCC §362

1. Income per attached Federal return [Form 1120, Line 28; Form 1120S, Schedule K, Line 18; or Form 1065, "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 17; Form 990 T, Line 30, 1120 REIT, Line 20]		1
2. A. Items not deductible (from Line 4J below)	2A	
B. Items not taxable (from Line 5F below)	2B	
C. Enter excess of Line 2A or 2B		2C
D. Pass-through K-1 income (or loss) (deduct pass-through gain, add pass-through loss. See BR-25 Schedule E, Column 5)		2D
E. Suspended Section 179 expense allowed in this tax year (attach schedule)		2E
F. Suspended charitable contributions allowed in this tax year (attach schedule)		2F
G. Other City taxable income not shown on Federal return		2G
H. Net operating loss per C.C.C. §362.03(A)(8), (Schedule must be attached to the City return)		2H
3. Adjusted net income (Line 1 plus or minus Lines 2C, 2D, 2E, 2F, 2G and 2H). Enter in Part A or Schedule Y (figures entered in Part A cannot be less than zero)		3
ITEMS NOT DEDUCTIBLE		
4. A. Capital losses and IRS §1231 losses deducted	4A	
B. Amount equal to 5% of intangible income not attributable to sale, exchange or other disposition of IRS §1221 property (5% of Lines 5B, 5C, and 5D)	4B	
C. Taxes based on income	4C	
D. Guaranteed payment to partners (not included within net profits)	4D	
E. Charitable contributions deducted above corporate limitations CCC §362.03(A)(12)	4E	
F. IRS §179 expense deducted above corporate limitations CCC §362.03(A)(12)	4F	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/ owner employees of non C-Corporation businesses	4G	
H. Add any deduction for pass-through entity not allowed as a deduction for a C-Corporation under the Internal Revenue Code (see instructions) CCC §362.03(A)(11)	4H	
I. Other expenses not deductible (attach documentation or explanation)	4I	
J. TOTAL ADDITIONS (enter here and on Line 2A above)		4J
ITEMS NOT TAXABLE		
5. A. Capital/IRS §1231 gains, etc (do not deduct Section 1245 and 1250 gains)	5A	
B. Interest earned or accrued	5B	
C. Dividends	5C	
D. Income from patents, trademarks, copyrights and royalties from intangible sources	5D	
E. Other exempt income (attach documentation or explanation)	5E	
F. TOTAL DEDUCTIONS (enter here and on Line 2B above)		5F

Schedule Y — REQUIRED CALCULATION OF NET PROFIT FOR MULTI-CITY ALLOCATION

1. Average original cost of all real and tangible personal property owned or used by the taxpayer in the business or profession wherever situated except leased or rented real property	1
2. Annual rent paid on rented and leased real property used by the taxpayer wherever situated, multiplied by 8	2
3. Combine Lines 1 and 2	3
4. All gross receipts from sales made or services performed wherever made or performed	4
5. All wages, salaries and other compensation paid to employees wherever their services are performed except compensation exempt from municipal taxation under CCC §362.03(K)(17)	5

City	Code		Column A Property	Column B Gross Receipts	Column C Wages	Column D Average %	Column E Allocated Net Profits
Columbus	01	a	$	$	$	%	$
		b	%	%	%		
Everywhere Else		a	$	$	$	%	$
		b	%	%	%		

Business name:	FEIN

Part C DECLARE ESTIMATED TAXES FOR 2023

Enter next years estimated tax in full.
(Estimate due on 4/15, 6/15, 9/15, and 12/15).....

****Declaration and estimated tax payments must be made separately from your tax return. Payments can be made on CRISP (crisp.columbus.gov) or by using the payment voucher BR-PV.**

Schedule E PASS-THROUGH K-1 INCOME (OR LOSS) ISSUED TO THIS ENTITY (see instructions)

COLUMN 1 Pass-Through Name	COLUMN 2 Address	COLUMN 3 Federal Identification # (FID)	COLUMN 4 Partner/Shareholder's Percentage	COLUMN 5 Total Amount of K-1 Pass-Through Income (Loss) Everywhere

TOTAL

Additional Requirement: Please attach additional Schedule E's if there are more than twelve K-1s