CRISP Employer Certification Form

City of Columbus, Income Tax Division

(Attachment to Columbus Individual Online Tax Return)

PART A Return Summary (to be completed by Individual filing the return in CRISP)

Tax Return Year _____

Taxpayer Name _____

SSN or ITIN from W-2 _____ Employer FEIN _____

Employer _____

Local Tax Withheld to Columbus _____

PART B Reason for Adjustment/Refund

1) ☐ Improperly Withheld Taxes (explain below and include the street address where worked)

2) ☐ Improperly Withheld Tax on Disability Payments (provide documentation)

3) ☐ Nonresident Transportation Employee and Others by Agreement with Columbus (provide routes)

4) ☐ Nonresident Days Worked Out (complete Part D - lines 13 to 22)

5) ☐ Other (explain below and include the street address where worked)

_____

_____

_____

_____

_____

Certification by Employer Regarding Adjustments to Taxable Wages

Employer certification is required to claim adjustments above. Your request for refund will not be considered valid without a completed employer certification. A separate certification is required for each job for which you are claiming adjustments.

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer	Employer's Phone No.	Date
Official's Signature	Official's Name Printed	
	Title	

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