

CRISP Employer Certification Form

(Attachment to Columbus Individual Online Tax Return)

City of Columbus, Income Tax Division

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 calculations on CRISP or Adjustments to Taxable Wages if filed by paper)
- 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	