

Name(s) and Current Address	Your social security number	Check the appropriate box if: <input type="checkbox"/> REFUND (An amount must be placed in Line 6B for this return to be considered a valid refund request.) <input type="checkbox"/> AMENDED tax year _____
	Spouse's social security number (if joint)	
	Filing Status - check only one <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately	•Did you change residence during 2010? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of move _____ •Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ •Did you file a City return in 2009? <input type="checkbox"/> YES <input type="checkbox"/> NO

Attach all forms and applicable Federal schedules and/or documentation to the back of this return.			•Occupation or nature of business: _____ •Trade name: _____ •City of Employment/Income #1 _____ •City of Employment/Income #2 _____ •City of Employment/Income #3 _____ •City of Residence _____
Part A	Employer(s) and address where work performed (+)	GROSS WAGES	
	(+)	\$	
	(-)	\$	
	(=)	\$	

Part B TAX CALCULATION <small>A Declaration of Estimated City Tax (form IR-21) is REQUIRED for all individuals whose tax is not fully withheld.</small>								
Column A CITY	CODE	Column B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (SEE NET WAGES)	Column C INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME	Column D TOTAL NET TAXABLE INCOME	** TAX RATE	Column E TAX DUE	Column F LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED	Column G NET TAX DUE
North Pickaway County JEDD	20				2.5%			
Prairie Township JEDD	21				2.5%			

1. TOTAL NET TAX DUE (TOTAL OF COLUMN G).....	1	\$
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY	2	\$
3. BALANCE 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	\$
4. PENALTY: 10% \$ (see instructions) + INTEREST \$ (see instructions) =	4	\$
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS LESS THAN \$1.00.....	5	\$
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 \$1.00)	6B	\$

Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC. <small>(COMPLETE REVERSE SIDE OF FORM FIRST)</small>					
CITY INSERT APPLICABLE CITIES BELOW	CODE	Column H INCOME (OR LOSS) FROM PART D, PAGE 2 OR SCHEDULE Y	Column I RENTAL INCOME (OR LOSS) FROM PART E (SECTION 1), PAGE 2 OR SCHEDULE Y	Column J OTHER INCOME FROM PART E (SECTION 2), PAGE 2	Column K TOTAL OTHER INCOME (OR LOSS)

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)	Designee's Name _____ Phone No. () _____ SSN _____	<input type="checkbox"/> YES Complete the following <input type="checkbox"/> NO
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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.	MAILING INFORMATION
Sign Here Your Signature _____ If a joint return, both must sign. Spouse's Signature _____ Paid Preparer's Use Only Signature _____ Date _____	Date _____ Date _____ SSN/EIN _____ Phone No. () _____	Make payable to: CITY TREASURER Mail to: Columbus Income Tax Division 50 W. Gay Street, 4th Floor Columbus, Ohio 43215

Name(s) as shown on Page 1	Social Security Number
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Stop: If your only source of income is from wages, do not complete the remainder of this page. Return to Page 1. Copies of your Federal Schedules C, E and F may be attached to your city return in lieu of completing the schedules below.

Part D SCHEDULE C - INCOME FROM SELF-EMPLOYMENT

Profit or Loss from Business (Sole Proprietorship)

If you conducted business in more than one city, you must allocate income on Schedule Y.

Business Name:	
Business Address:	Nature of Business:
Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, explain on an attached statement.	Employer ID Number, if any: Date Business Started: Date City Business Began: Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other

Section 1 INCOME

1. Total Receipts Less Allowances, Rebates and Returns.....	1	
2. Less (A) Cost of Goods Sold <input type="checkbox"/> or (B) Cost of Operations <input type="checkbox"/> , whichever is applicable.....	2	
Enter Amount of Labor Costs included on Line 2 here (attach 1099's if issued)		
3. Gross Profit, Subtract Line 2 from Line 1.....	3	
4. Dividends \$ _____ + Interest \$ _____ + Royalties \$ _____ =	4	
5. Rents Received (if connected with trade or business).....	5	
6. Other Business Income (attach schedule).....	6	
7. Gross Income. Add Lines 3 through 6.....	7	

Section 2 EXPENSES

8. Advertising & Promotion.....	8		14	
9. Bad Debts.....	9		15	
10. Car & Truck Expenses.....	10		16	
11. Depreciation, Amortization, Depletion.....	11		17	
12. Interest on Business Indebtedness.....	12		18	
13. Rents (Paid to: _____)....	13		19	
		14. Repairs.....	14	
		15. Salaries & Wages.....	15	
		16. Compensation of Officers.....	16	
		17. Commissions (attach 1099's if issued).....	17	
		18. Taxes & Licenses.....	18	
		19. Other: Attach Schedule if over \$5,000.	19	
20. Total Expenses. Add Lines 8 through 19			20	
21. Net Profit (or Loss) from Business or Profession. Subtract Line 20 from Line 7.....			21	

Part E RENTAL AND PARTNERSHIP INCOME

Section 1 INCOME OR LOSS FROM RENTAL REAL ESTATE - If income in more than one city, you must use Schedule Y.

		Property A	Property B	Property C	Property D
1. Address of Property (include No., Street, City and State).....	1				
2. Rents Received	2				
3. Depreciation.....	3				
4. Repairs	4				
5. Other Exp. (attach Sched.)....	5				
6. Net Income (Loss).....	6				
7. Local Tax paid.....	7				
8. Local jurisdiction paid	8				

Section 2 PARTNERSHIP/OTHER INCOME (all taxpayers) - Attach copies of all K-1's.

Partnership/Source	Federal Identification # (if applicable)	Income Taxable to What City?	Your Share of City Taxable Income	Your Share of City Taxes Paid
1.				
2.				
3.				
4.				
5.				
6.				

The loss from an unincorporated business activity reported on this page may not be used to offset W-2 wages reported on Page 1. However, the loss from an unincorporated business activity may be used to offset a gain from another unincorporated business activity if: 1) both unincorporated activities were conducted in the same city; or 2) both unincorporated activities are taxed by your city of residence. NOTE: Remember to file your Declaration of Estimated Taxes (Form IR-21) for the current year. Phone (614) 645-7370.

