

First name and Middle Initial _____		Last Name _____		Social Security No. _____		Check this box if: <input type="checkbox"/> <b>AMENDED</b> tax year _____			
If a joint return, spouse's first name _____		Last Name _____		Spouse's Social Security No. _____					
Address _____									
City _____		State _____		Zip Code _____					
Trade Name _____ <b>CITY OR CITIES OF INCOME:</b> 1 - _____ 2 - _____ 3 - _____ 4 - _____				Nature of Business _____ 5 - _____ 6 - _____ 7 - _____ 8 - _____				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? _____	

Column A	C O D E	Column B ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS ETC.	Column C ESTIMATED INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME	Column D TOTAL NET ESTIMATED INCOME	TAX RATE	Column E ESTIMATED TAX DUE	Column F LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY WHERE INCOME WAS EARNED	Column G ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F)
North Pickaway County JEDD	20				2.5%			
Prairie-Obetz JEDZ	21				2.5%			
Prairie Township JEDD	22				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	
DUE ON OR BEFORE APRIL 15TH - (A MINIMUM 25% OF LINE 1 DUE)	4	
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1) .....	4	
5. LESS: AMOUNT PAID WITH THIS DECLARATION (ATTACH CHECK OR MONEY ORDER) .....	5	
6. ESTIMATED TAX BALANCE PAYABLE (PAYABLE IN EQUAL INSTALLMENTS FOR EACH QUARTER) USE FORM IR-18.....	6	(June, September and December 15, 2016)

**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****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