

Name Address City State Zip Code

EIN/FID Number

Check the appropriate box if: REFUND AMENDED

Filing Status - check only one C-Corporation S-Corporation Fiduciary Partnership/Association

Did you file a City return last year? Is this a consolidated corporation return? Should your account be inactivated?

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:

City(ies) of income #1 #2 Nature of Business Trade Name

Part A TAX CALCULATION List by city in which income was earned or services performed.

Table with 5 columns: Column A City, Column B Total Net Taxable Income\*, Column C TAX RATE, Column D (see Instructions), Column E Net Tax Due. Row for COLUMBUS with code 01 and rate 2.5%.

Effective January 1, 2019, the City of Columbus will no longer administer income tax for the following municipalities: Brice, Canal Winchester, Groveport, Harrisburg, Marble Cliff, Obetz, and Prairie-Obetz JEDZ. Please visit www.columbusnet for information regarding the new administering agencies for these municipalities.

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

1. TOTAL NET TAX DUE (Total of Column E) 2. LESS CREDITS for estimated tax payments and overpayment from prior year return only 3. BALANCE DUE (Line 1 Less Line 2) 4. PENALTY: 15% + INTEREST + LATE FEE = 5. TOTAL AMOUNT DUE (Add Lines 3 and 4) 6. OVERPAYMENT CLAIMED (if Line 2 exceeds Line 1) A. Enter the amount from Line 6 you want CREDITED to your next year tax estimate B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00)

Part B THESE QUESTIONS MUST BE ANSWERED A Declaration of Estimated City Tax (Form BR-21) is REQUIRED for all business entities.

Date of incorporation or inception Date City business commenced Check whether this return was prepared on: cash or accrual basis Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return?

Are any employees leased in the year covered by this return? If YES, please provide the name, address and FID number of the leasing company 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? 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 Paid Preparer's Use Only Signature Date PTIN Phone No.

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:
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**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. Partnership K-1 Income (or Loss) (deduct partnership gain, add partnership loss. See BR-25 Schedule E, Column 4).....	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	
3. Adjusted net income (Line 1 plus or minus Lines 2C, 2D, 2E, 2F and 2G). Enter in Part A or Schedule Y (figures entered in Part A cannot be less than zero) .....	3	
<b>ITEMS NOT DEDUCTIBLE</b>		
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	
<b>ITEMS NOT TAXABLE</b>		
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 .....	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 rental 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	%	%	%	\$

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Everywhere Else		a \$	\$	\$	%	\$
		b	%	%	%	\$

Business Name	EIN/FID Number:
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<b>Schedule E</b>	<b>PARTNERSHIP K-1 INCOME (OR LOSS)</b>
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<u><b>COLUMN 1</b></u> Partnership Name and Address (attach separate sheet, if necessary)	<u><b>COLUMN 2</b></u> Federal I.D. No.	<u><b>COLUMN 3</b></u> Partner's Percentage	<u><b>COLUMN 4</b></u> Total Amount of K-1 Partnership Income (Loss) Everywhere
<b>TOTAL</b>			

Attach all K-1s, if more than twelve K-1s please attach schedule

NOTE: Remember to file your Declaration of Estimated Taxes (Form BR-21) for the current year. Phone (614) 645-7370.