

Business Name, Current Mailing Address, City, State, Zip Code, REQUIRED: ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE BACK OF THIS RETURN.

EIN/FID Number, Check the appropriate box if: REFUND, AMENDED, Filing Status - check only one, Did you file a City return last year?, Is this a consolidated corporation return?, Should your account be inactivated?, City(ies) of income #1 #2, Nature of Business, Trade Name

Part A TAX CALCULATION Complete Tax Calculation only to determine your tax. Taxpayers should not complete Tax Calculation until after Schedule X and Schedule Y, if applicable, are completed.

Table with 7 columns: Column A City, Column B Total Net Taxable Income\*, Column C TAX RATE, Column D (see Instructions), Column E Net Tax Due. Row 1: COLUMBUS, 01, 2.5%

\*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)...

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: Are any employees leased in the year covered by this return? Date City business commenced: If YES, please provide the name, address and FID number of the leasing company. Check whether this return was prepared on: Cash Accrual basis. 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.

Signature of Officer, Title, Date, May the City of Columbus discuss this return with the preparer shown below? (see instructions) YES NO, Paid Preparer's Use Only, Signature, Date, PTIN, Phone #

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:

**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]		<b>1</b>
2. A. Items not deductible (from Line 4J below)	<b>2A</b>	
B. Items not taxable (from Line 5F below)	<b>2B</b>	
C. Enter excess of Line 2A or 2B		<b>2C</b>
D. Partnership K-1 Income (or Loss) (deduct partnership gain, add partnership loss. See BR-25 Schedule E, Column 4)		<b>2D</b>
E. Suspended Section 179 expense allowed in this tax year (attach schedule)		<b>2E</b>
F. Suspended charitable contributions allowed in this tax year (attach schedule)		<b>2F</b>
G. Other City taxable income not shown on Federal return		<b>2G</b>
H. Net operating loss per C.C.C. §362.03(A)(8), (Schedule must be attached to the City return)		<b>2H</b>
3. Adjusted net income (Line 1 plus or minus Lines 2C, 2D, 2E, 2F, 2G and 2H). Enter in Part A or Schedule Y (figures entered in Part A cannot be less than zero)		<b>3</b>

**ITEMS NOT DEDUCTIBLE**

4. A. Capital losses and IRS §1231 losses deducted	<b>4A</b>	
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)	<b>4B</b>	
C. Taxes based on income	<b>4C</b>	
D. Guaranteed payment to partners (not included within net profits)	<b>4D</b>	
E. Charitable contributions deducted above corporate limitations CCC §362.03(A)(12)	<b>4E</b>	
F. IRS §179 expense deducted above corporate limitations CCC §362.03(A)(12)	<b>4F</b>	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/owner employees of non C-Corporation businesses	<b>4G</b>	
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)	<b>4H</b>	
I. Other expenses not deductible (attach documentation or explanation)	<b>4I</b>	
J. TOTAL ADDITIONS (enter here and on Line 2A above)		<b>4J</b>

**ITEMS NOT TAXABLE**

5. A. Capital/IRS §1231 gains, etc (do not deduct Section 1245 and 1250 gains)	<b>5A</b>	
B. Interest earned or accrued	<b>5B</b>	
C. Dividends	<b>5C</b>	
D. Income from patents, trademarks, copyrights and royalties from intangible sources	<b>5D</b>	
E. Other exempt income (attach documentation or explanation)	<b>5E</b>	
F. TOTAL DEDUCTIONS (enter here and on Line 2B above)		<b>5F</b>

**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	<b>1</b>
2. Annual rent paid on rented and leased real property used by the taxpayer wherever situated, multiplied by 8	<b>2</b>
3. Combine Lines 1 and 2	<b>3</b>
4. All gross receipts from sales made or services performed wherever made or performed	<b>4</b>
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)	<b>5</b>

City	Code	Column A Property	Column B Gross Receipts	Column C Wages	Column D Average %	Column E Allocated Net Profits
Columbus	01	a \$	\$	\$	%	\$
		b %	%	%		
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>COLUMN 1</u> Partnership Name and Address (attach separate sheet if necessary)	<u>COLUMN 2</u> Federal Identification # (FID)	<u>COLUMN 3</u> Partner's Percentage %	<u>COLUMN 4</u> Total Amount of K-1 Partnership Income (Loss) Everywhere
<b>TOTAL</b>			

- Additional requirements (if applicable):
- Attach K-1 Summary worksheet to this return if there are more than twelve K-1s.
  - Provide the name(s) and EIN(s) of any local disregarded entities covered by this return.

NOTE: Remember to file your Declaration of Estimated Taxes (Form BR-21) for the current year.  
 All forms and instructions are available on our website: [www.columbustax.net](http://www.columbustax.net)