

Staple W-2s to the back of this page

Staple check or money order HERE

First name and Middle Initial _____ Last Name _____ If a joint return, spouse's first name and initial _____ Last Name _____ <b>CURRENT</b> Home Address (number and street) _____ City _____ State _____ Zip Code _____	Primary Social Security Number _____ Spouse's Social Security Number _____	Check the appropriate box if: <input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> <b>AMENDED</b> Tax year _____ Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ Did you file a City return in 2017? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Residence change in 2018 (If applicable)</b> Did you change residence during 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of move: _____ Previous Address (number and street) _____ City, State, Zip Code _____		Occupation or nature of business _____ Trade Name _____ City of Employment #1 _____ City of Employment #2 _____ City of Employment #3 _____ City of Residence _____

**Part A TAXABLE WAGES** Attach all forms and applicable Federal schedules and/or documentation to the back of this return.

Employer(s) and address where work performed	<b>TAXABLE WAGES</b>
	(+)
	(+)
ADJUSTMENTS (from Part D on Page 2)	(-)
<b>NET WAGES (enter in Column B below)</b>	(=)

**Part B TAX CALCULATION** A Declaration of Estimated City Tax (form IR-21) is REQUIRED for all individuals whose tax is not fully withheld.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (SEE NET WAGES)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME*	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, OR PAID DIRECTLY TO CITY WHERE EARNED	NET TAX DUE
COLUMBUS	01				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: 15% \$ \_\_\_\_\_ + INTEREST \$ \_\_\_\_\_ + LATE CHARGE \$ \_\_\_\_\_ ..... **4**  
(see instructions) (see instructions) (see instructions)

5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less ..... **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 \$10.00) → **6B**

**Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC.**

CITY	CODE	COLUMN H Income (or loss) from Part E or Schedule Y	COLUMN I Rental Income (or loss) from Part F (section 1)	COLUMN J (Residents Only) Other income from Part F (section 2)	COLUMN K Total other income (or loss)
COLUMBUS	01				
Net Operating Loss Carry-forward (see instructions):					
Total *(enter in Column C above, if loss enter 0):					

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**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** Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If a joint return, both must sign Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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

## Claim for Refund and Adjustments to Taxable Wages

Reason for Adjustment (Explain fully)	Resident Address for this period
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### Part D ADJUSTMENTS TO TAXABLE WAGES

<b>Under Age 18</b>	<b>1</b>	
1. If you were under the age of 18 for all or part of the year, enter your total wages for the year.....		
2. Wages earned while under the age of 18. <b>Attach a copy</b> of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday..... Enter date of birth here: _____	<b>2</b>	
3. Subtract Line 2 from 1. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....		<b>3</b>
<b>Improperly Withheld Taxes</b>		
4. If city tax was improperly withheld from your wages, enter your total wages from that employer .....	<b>4</b>	
5. Income upon which tax was improperly withheld by employer. <b>Complete Certification by Employer below</b> .....	<b>5</b>	
6. Subtract Line 5 from 4. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....		<b>6</b>
<b>Improperly Withheld Taxes from Disability Payments</b>		
7. If city tax was improperly withheld from your wages, enter your total wages from that employer .....	<b>7</b>	
8. Income from short-term disability withheld by employer after 7/1/07 .....	<b>8</b>	
9. Income from long-term disability withheld by employer .....	<b>9</b>	
10. Subtract Lines 8 and 9 from 7. List this figure in Part A of Page 1. <b>Complete Certification by Employer below</b> .....		<b>10</b>
<b>Nonresident Truck Drivers, Air Carrier Employees, or Railroad Employees</b>		
11. If you were a nonresident railroad employee or nonresident over-the-road truck driver assigned duties only within Ohio, enter your total railroad or driving wages here .....	<b>11</b>	
12. Multiply the amount of Line 11 by 10% (.10). List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. <b>Complete Certification by Employer below</b> .....		<b>12</b>
<b>Nonresident Days Worked Out</b>		
If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 13 through 21. <b>Attach a list of the dates and locations worked out</b> . See instructions.		
13. Enter the total number of vacation days taken during the entire year.....	<b>13</b>	
14. Enter the total number of holidays for the entire year.....	<b>14</b>	
15. Enter the total number of sick leave days taken during the entire year.....	<b>15</b>	
16. Add Lines 13 through 15.....	<b>16</b>	
17. Subtract line 16 from 260 (total workdays in a year) (see instructions) .....	<b>17</b>	
18. Enter your total wages for this job for the year.....	<b>18</b>	
19. Divide Line 18 by the number of days shown on Line 17.....	<b>19</b>	
20. Enter the number of days worked in the city (Line 17 less total days worked out).....	<b>20</b>	
21. Multiply Line 19 by Line 20. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. <b>Complete Certification by Employer below</b> .....		<b>21</b>

## Certification by Employer Regarding Adjustments to Taxable Wages

*Employer certification is required to claim adjustments on Lines 4 through 21 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 on Lines 4 through 21 above.*

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	

**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 E 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:	Nature of Business:
Business Address:	
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 NO, 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..... Enter Amount of Labor Costs included on Line 2 here _____ (attach 1099's if issued)	2	
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. Repairs.....	14	
9. Bad Debts.....	9		15. Salaries & Wages.....	15	
10. Car & Truck Expenses.....	10		16. Compensation of Officers.....	16	
11. Depreciation, Amortization, Depletion....	11		17. Commissions (Attach 1099's if issued).....	17	
12. Interest on Business Indebtedness.....	12		18. Taxes & Licenses.....	18	
13. Rents (Paid to: _____ ).....	13		19. Other: (Attach Schedule if over \$5,000).....	19	
20. Total Expenses. Add Lines 8 through 19 .....	20			20	
21. Net Profit (or Loss) from Business or Profession. Subtract Line 20 from Line 7.....	21			21	

**Schedule Y SCHEDULE C BUSINESS ALLOCATION FORMULA**

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 O.R.C. §718.011.....	5	

CITY	CODE	COLUMN A Property	COLUMN B Gross Receipts	COLUMN C Wages	COLUMN D Average % (row b)	COLUMN E Allocated Net Profits
Columbus	01	a \$ _____	\$ _____	\$ _____	% _____	\$ _____
		b _____ %	_____ %	_____ %		
Everywhere Else		a \$ _____	\$ _____	\$ _____	% _____	\$ _____
		b _____ %	_____ %	_____ %		

**Part F RENTAL AND PARTNERSHIP INCOME**
**Section 1 INCOME OR LOSS FROM RENTAL REAL ESTATE**

		Property A	Property B	Property C	Property D
1. Address of Property (include house #, 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 Residents only. Attach Schedule E**

	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 pages 3 & 4 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 both unincorporated activities are taxed by the city of Columbus.

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