Staple W-2's to the back of this page

Form **IR-22**

City of Columbus, Income Tax Division

City Income Tax Return For Individuals

2012

First name and Middle Initial | Last Name

If a joint return, spouse's first name and initial | Last Name

Home Address (number and street)

City | State 0 | Zip Code

Primary Social Security Number

Spouse's Social Security Number

Check the appropriate box if:

☐ **REFUND** (An amount must be placed in Line 6B for this return to be considered a valid refund request)

☐ **AMENDED** tax year _____

Filing Status: ☐ Single ☐ Married-Filing Jointly ☐ Married-Filing Separatly

•Did you change residence during 2012? ☐ YES ☐ NO

If YES, enter date of move _____

•Should your account be inactivated? ☐ YES ☐ NO

If YES, explain _____

•Did you file a City return in 2011? ☐ YES ☐ NO

•City(ies) of income #1 _____ #2 _____

•City of Residence _____

•Occupation or nature of business: _____

City	City Code	Tax Rate	City	City Code	Tax Rate
Columbus	01	2.5%	Harrisburg (UFR)	16	1.0%
Brice	14	2.0%	Marble Cliff (UFR)	13	2.0%
Canal Winchester	11	2.0%	Obetz	10	2.0%
Groveport	09	2.0%			

UFR = Universal Filing Requirement of all residents of this community

Attach all forms W-2 and applicable Federal schedules and/or documentation - TO BACK

Part A

Employer(s) and address where work performed (see Page 2 for Adjustments to Taxable Wages)		TAXABLE WAGES
	(+)	$
	(+)	$
ADJUSTMENTS	(-)	$
NET WAGES (enter in Column B below)	(=)	$

Part B 2012 TAX CALCULATION

If you file with more than two cities, call 645-7370 and request Form IR-25.

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 (Pg. 2)	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
*ALTERNATE CITY								

*ALTERNATE CITY LINE - see instructions

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 $

CARRY THIS AMOUNT TO LINE 8

Part C 2013 DECLARATION OF ESTIMATED TAXES

A declaration of estimated tax is required if all taxes are not fully withheld.

Column H CITY	CODE	Column I ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS - ETC.	Column J ESTIMATED INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME	Column K TOTAL NET ESTIMATED INCOME	TAX RATE	Column L ESTIMATED TAX DUE	Column M LESS TAX TO BE WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED	Column N ESTIMATED NET TAX DUE
*ALTERNATE CITY								

7. TOTAL NET ESTIMATED TAX DUE (TOTAL OF COLUMN N) ..... 7 $
8. OVERPAYMENT CREDITS FROM PREVIOUS YEAR RETURN (FROM LINE 6A) ..... 8 $
9. TOTAL CREDITS (AMOUNT FROM LINE 8) ..... 9 $
10. UNPAID BALANCE DUE (SUBTRACT LINE 9 FROM LINE 7) ..... 10 $
11. LESS AMOUNT PAID WITH THIS DECLARATION (A minimum 25% of Line 7 due now) ..... 11 $
12. ESTIMATED TAX BALANCE PAYABLE IN EQUAL INSTALLMENTS EACH QUARTER (Line 10 less Line 11) ..... 12 $
13. **TOTAL (ADD LINE 5 [if positive] AND LINE 11)** _____ 13 $

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 No. ( ) | SSN

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Reset Form

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 | SSN/EIN | 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

Staple check or money order HERE

Rev. 9/12/12

Name(s) as shown on Page 1	Primary Social Security Number

Non-Wage Income

Column O CITY	CODE	Column P INCOME (OR LOSS) FROM FEDERAL SCHEDULE C AND/OR F -**ATTACHED**	Column Q RENTAL INCOME (OR LOSS) FROM FEDERAL SCHEDULE E OR SCHEDULE Y - **ATTACHED**	Column R OTHER INCOME FROM FEDERAL PARTNERSHIP K-1 -**ATTACHED**	Column S TOTAL OTHER INCOME (OR LOSS) IF GREATER THAN ZERO, CARRY TO PAGE 1, COLUMN C.

Claim for Refund and Adjustments to Taxable Wages

Reason for Adjustment (Explain fully)	Resident Address for this period

Part 1 Adjustments to Taxable Wages

1. If you are claiming employee expenses from Federal Form 2106, enter your total wages from that job here. Do not include wages included on Lines 14 or 23 below. See instructions..... 1
2. Employee business expenses from Federal Form 2106. Do not include 2106 expenses reported on Lines 15 or 24 below. ***Attach a copy*** of the 2106 and Federal Schedule A. See instructions..... 2
3. Subtract Line 2 from 1. If less than zero, enter zero. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned..... 3

4. If you were under the age of 18 for all or part of the year, enter your total wages for the year..... 4
5. Wages earned while under the age of 18. ***Attach a copy*** 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: _____ 5
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..... 6

7. If city tax was improperly withheld from your wages, enter your total wages from that employer 7
8. Income upon which tax was improperly withheld by employer. ***Complete Part 2 below*** 8
9. Subtract Line 8 from 7. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned 9

10. If city tax was improperly withheld from your wages, enter your total wages from that employer 10
11. Income from short-term disability withheld by employer after 7/1/07 11
12. Income from long-term disability withheld by employer 12
13. Subtract Lines 11 and 12 from 10. List this figure in Part A of Page 1. ***Complete Part 2 below*** 13

14. 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..... 14
15. Enter the amount of 2106 expenses related to this income. ***Attach a copy*** of the 2106 & Fed Sch A 15
16. Line 15 from 14. If less than zero, enter zero..... 16
17. Multiply the amount of Line 16 by 10% (.10). List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. ***Complete Part 2 below*** 17

If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 18 through 28. ***Attach a list of the dates and locations worked out*** .See instructions.

18. Enter the total number of vacation days taken during the entire year..... 18
19. Enter the total number of holidays for the entire year..... 19
20. Enter the total number of sick leave days taken during the entire year..... 20
21. Add Lines 18 through 20..... 21
22. Subtract line 21 from 260 (total workdays in a year) (see instructions) 22
23. Enter your total wages for this job for the year..... 23
24. Enter the amount of 2106 expenses related to this income. ***Attach a copy*** of the 2106 & Fed Sch A 24
25. Subtract Line 24 from 23. If less than zero, enter zero..... 25
26. Divide Line 25 by the number of days shown on Line 22..... 26
27. Enter the number of days worked in the city (Line 22 less total days worked out)..... 27
28. Multiply Line 26 by Line 27. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. ***Complete Part 2 below*** 28

Part 2 Certification by Employer Regarding Adjustments to Taxable Wages

Employer certification is required to claim adjustments on Lines 7 through 28 above. Your request for refund will not be conside
completed employer certification. A separate certification is required for each job for which you are claiming adjustments on Lin

Print Form

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax ee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld ha led to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Reset Form

Name of Employer	Employer's Phone No. ( )	Date
Official's Signature	Official's Name Printed Title	

Rev. 9/28/12

Form **IR-18** City of Columbus, Income Tax Division

Quarterly Statement of Estimated Income Tax Due **2013**

SOCIAL SECURITY NUMBER -I

PAYMENT DUE ON **JULY 31, 2013** # **2**

Name

Address

City

State 0 Zip Code

VOUCHER 2 - (CALENDAR YEAR - DUE JULY 31)

1. Amount of this installment.....
2. Amount of unused overpayment credit, if any, applied to this installment.....
3. Amount of this installment payment (Line 1 less Line 2).....

Make checks payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
PO Box 182158
Columbus, Ohio 43218-2158

Note: DO NOT SEND CASH THROUGH U.S. MAIL

This form may be electronically filed and paid at www.columbustax.net

Rev 8/7/2012

Form **IR-18** City of Columbus, Income Tax Division

Quarterly Statement of Estimated Income Tax Due **2013**

SOCIAL SECURITY NUMBER -I

PAYMENT DUE ON **OCTOBER 31, 2013** # **3**

Name

Address

City

State 0 Zip Code

VOUCHER 3 - (CALENDAR YEAR - DUE OCTOBER 31)

1. Amount of this installment.....
2. Amount of unused overpayment credit, if any, applied to this installment.....
3. Amount of this installment payment (Line 1 less Line 2).....

Make checks payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
PO Box 182158
Columbus, Ohio 43218-2158

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Rev 9/12/12

Form **IR-18** City of Columbus, Income Tax Division

Quarterly Statement of Estimated Income Tax Due **2013**

SOCIAL SECURITY NUMBER -I

PAYMENT DUE ON **JANUARY 31, 2014** # **4**

Name

Address

City

State 0 Zip Code

VOUCHER 4 - (CALENDAR YEAR - DUE JANUARY 31, 2014)

1. Amount of this installment.....
2. Amount of unused overpayment credit, if any, applied to this installment.....
3. Amount of this installment payment (Line 1 less Line 2).....

Make checks payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
PO Box 182158
Columbus, Ohio 43218-2158

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