

Name, Address, City, State, Zip Code, EIN/FID Number, Filing Status, Check the appropriate box if: AMENDED, Did you file a City return last year?, Is this a consolidated corporation return?, Should your account be inactivated?

Part A TAX CALCULATION List by city in which income was earned or services performed. 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 9 columns: Column A CITY, Column B UNINCORPORATED INCOME, Column C CORPORATE INCOME, Column D TOTAL NET TAXABLE INCOME, TAX RATE, Column E TAX DUE, Column F TAX REMITTED ON YOUR BEHALF AS A PARTNER, Column G NET TAX DUE. Row 1: COLUMBUS, 01, 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.columbusax.net for information regarding the new administering agencies for these municipalities.

*Entry in either Column B or Column C cannot be less than zero (see instructions) 1. TOTAL NET TAX DUE (TOTAL OF COLUMN G) 2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY 3. BALANCE DUE (LINE 1 LESS LINE 2) 4. PENALTY: 10% 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, 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?, 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?

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. MAILING INFORMATION

Sign Here Signature of Officer Title Date, Paid Preparer's Use Only Signature Date, May the City of Columbus discuss this return with the preparer shown below? (see instructions) YES NO, PTIN, Phone No. () 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 O.R.C. §718

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	
ITEMS NOT DEDUCTIBLE		
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 including ORC §718.01(A)(1)(g)	4E	
F. IRS §179 expense deducted above corporate limitations including O.R.C. §718.01(A)(1)(g)	4F	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/ owner employees of non C-Corporation businesses	4G	
H. Adjustment for specially allocated expense items (see instructions)	4H	
I. Other expenses not deductible (attach documentation or explanation)	4I	
J. TOTAL ADDITIONS (enter here and on Line 2A above)	4J	
ITEMS NOT TAXABLE		
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 O.R.C. § 718.011.....	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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Schedule E	PARTNERSHIP K-1 INCOME (OR LOSS)
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<u>COLUMN 1</u> Partnership Name and Address (attach separate sheet, if necessary)	<u>COLUMN 2</u> Federal I.D. No.	<u>COLUMN 3</u> Partner's Percentage	<u>COLUMN 4</u> Total Amount of K-1 Partnership Income (Loss) Everywhere	<u>COLUMN 5</u> Total Amount of K-1 Partnership Income (Loss) Local	<u>COLUMN 6</u> Total Amount Tax Withheld on Behalf of Partners Local

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

TOTAL

TO: _____ → **SCHEDULE Z PART A, COLUMN F**

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

Schedule Z	PARTNERSHIP K-1 ACTIVITY ALLOCATION
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USE THIS SCHEDULE TO ALLOCATE LOCAL K-1 INCOME OR LOSS AMONG JURISDICTIONS ADMINISTERED BY THE CITY.

		PART I ASSOCIATIONS ONLY			PART II CORPORATIONS AND FIDUCIARIES ONLY
<u>City</u>	<u>Code</u>	Investment Partnership Local K-1 Partnership Income (Loss)	Primary Partnership Apportioned Taxable Income (Loss)	Local Net Taxable Income (Loss)	Investment Partnership Local K-1 Partnership Income (Loss)
COLUMBUS	01	_____	_____	_____	_____
FROM: _____ →		Sch. E, Col. 5	Sch. Y or X	_____ → Sch. E, Col. 5	
TO: _____ →		*Part A, Col. B		_____ → *Part A, Col. B	

* Cannot be less than zero