

Business name _____ Current mailing address _____ City _____ State _____ Zip code _____	EIN/FID Number _____	<i>Check the appropriate box if:</i> <input type="checkbox"/> REFUND (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> AMENDED Tax year: _____
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: _____	Filing Status - check only one <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Fiduciary (Trust and Estates) <input type="checkbox"/> Partnership/Association (do not use this form for Schedule C filers)	• Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO • Is this a consolidated corporation return? <input type="checkbox"/> YES <input type="checkbox"/> NO • Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____
• City(ies) of income #1 _____ #2 _____ • Nature of business _____ • Trade name _____		

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

Column A City	C O D E	Column B Total Net Taxable Income*	TAX RATE	Column C Tax Due	Column D (see instructions)	Column E Net Tax Due
COLUMBUS	01		2.5%			

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

1. TOTAL NET TAX DUE (Total of Column E).....	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 FEE _____ <small>(see instructions) (see instructions) (see instructions)</small>	4	
5. TOTAL AMOUNT DUE (Add Lines 3 and 4). NOTE: no payment is due if the 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 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: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual basis Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return? <input type="checkbox"/> YES - If YES, provide the EIN(s) # _____ <input type="checkbox"/> NO - If NO, please explain on an attached statement. Are any employees leased in the year covered by this return? <input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach copies to this return. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> For Tax Office Use </div>
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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 _____	May the City of Columbus discuss this return with the preparer shown below? (see instructions) <input type="checkbox"/> YES <input type="checkbox"/> 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
Paid Preparer's Use Only Signature _____ Date _____	PTIN _____ Phone # _____	

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]		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
H. Net operating loss per C.C.C. §362.03(A)(8), (Schedule must be attached to the City return)		2H
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)		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 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

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 (enter here and on Line 2B above)		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 rent paid 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 %	%	%		
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 Identification # (FID)	<u>COLUMN 3</u> Partner's Percentage %	<u>COLUMN 4</u> Total Amount of K-1 Partnership Income (Loss) Everywhere

TOTAL	
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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.columbus-tax.net