EBR-25 City of Columbus, Income Tax Division City Income Tax Return For Businesses 2021

FOR THE YEAR
BEGINNING
ENDING

				EIN/FID NO	umber	Check the appr	ropriate box if:		
Business name				-		REFUND	considered a valid refund request)		
Current mailing address				_			ED Tax year:		
				Filing Status - check o	nly one	•Did you file a City re	eturn last year? YES NO		
City				S-Corporation			ed corporation return?		
			_	Fiduciary (Trust		YES NO -Should your account be inactivated? YES NO			
State	I A CO	Zip code PY OF YOUR FEDERAL RETURN INCLU	DING ALL	Partnership/Ass (do not use this form	Partnership/Association (do not use this form for Schedule C filers)				
REQUIRED: SUPPOR	RTING	SCHEDULES TO THE BACK OF THIS RE	TURN.	City(ies) of income #	City(ies) of income #1 #2				
Local business address if	diffe	rent from mailing address:		Nature of business					
			Trade name						
Dort A TAY O	AL	Complete Tax Cal	culation only to	determine your tax.					
Part A TAX C				until after Schedule X and Sc	hedule Y, if applica	ble, are completed.			
Column A City	CODE	Column B Total Net Taxable Income*	TAX RATE	Column C Tax Due			Column E Net Tax Due		
COLUMBUS	01		2.5%						
		*Column B cannot be less tha	ın zero (see	instructions)	1				
1. TOTAL NET TAX D	UE (	Total of Column E)					4		
2 LESS CREDITS fo	root	imated tax payments and over	novement fro	om prior voor roturn on	h		1		
	•		ter amount (in brackets) here and carry to Line 6			3			
4. PENALTY: 15% _	+ INTEREST (se	ee instructions)	_ + LATE FEE <sub>(see</sub>	+ LATE FEE(see instructions)					
5. TOTAL AMOUNT DUE (Add Lines 3 and 4). <b>NOTE:</b> no payment is due if the amount is \$10.00 or less							5		
6. OVERPAYMENT CLAIMED (if Line 2 exceeds Line 1)									
	rom	Line 6 you want CREDITED		► 6A					
,		Line 6 you want <b>REFUNDED</b>			6B				
(must be greater t	han S	\$10.00)			OB OB				
Part B THESE	QL	JESTIONS MUST BE A	NSWER	ED A Declaration of Es	timated City Tax (F	orm BR-21) is REQUI	RED for all business entities.		
Date of incorporation or inc	ceptio	n:		Gross city wages pai	d were \$				
Date City business comme				City tax in the amour	nt of \$	was withh	eld from wages and paid to		
		repared on: Cash Accrually	al basis	Were 1099-MISC for	ms issued to centr	al Ohio residents?			
during the period covered b			прюуссо	If YES, attach copies			YESNO		
YES - If YES, provide	the E	IN(s) #		For Tax Office	Use				
NO - If NO, please ex	plain o	on an attached statement.							
		year covered by this return?							
If YES, please provide the	name	, address and FID number of the leas	sing company						
SIGNATURE	The un	dersigned declares that this return (and acc	companying sch	edules) is a true, correct and co	mplete return for	MAILING	INFORMATION		
	the tax	able period stated, and that the figures used tands that this information may be released	d are the same a	as used for Federal income tax p	ourposes and				
Siti				May the City of 0		NO Payment Enclosed:  Mail to: Columbus Income Tax Division			
Sign Signature of Officer				discuss this return preparer shown			O Box 182437 olumbus, Ohio 43218-2437		
Title			Date	instructions)	YES NO	Payment End	closed:		
Paid Preparer's				PTIN			o: CITY TREASURER Dlumbus Income Tax Division		
Preparer's Use Signature Only				Phone #		PO Box 182158 Columbus, Ohio 43218-2158			
•			1	The second secon					

V2021

exempt from municipal taxation under CCC §362.03(K)(17)							5		
City	Code		Column A Property		Column B Gross Receipts		Column C	Column D	Column E
Only							Wages	Average %	Allocated Net Profits
Columbus	01	а	\$	\$		\$		%	\$
		b	%		%		%		
Everywhere Else		а	\$	\$		\$		- %	\$
		b	%		%		%		

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All wages, salaries and other compensation paid to employees wherever their services are performed except compensation

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Business name:	EIN/FID number:							
Schedule E PARTNERSHIP K-1 INCOME (OR LOSS)								
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4					
Partnership Name and Address	Federal Identification #	Partner's Percentage	Total Amount of K-1 Partnership					
(attach separate sheet if necessary)	(FID)	%	Income (Loss) Everywhere					
		TOTAL						

## 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.gov/IncomeTaxDivision