

# Form BR-25J City Income Tax Return For Businesses 2023

**Business name**  
\_\_\_\_\_

**Current mailing address line 1**  
\_\_\_\_\_

**Current mailing address line 2**  
\_\_\_\_\_

**City**  
\_\_\_\_\_

**State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**FEIN**  
\_\_\_\_\_

**Account ID**  
NPJ - \_\_\_\_\_

**Filing Status - check only one**  
 C-Corporation  
 S-Corporation  
 Fiduciary (Trust and Estates)  
 Partnership/Association  
(do not use this form for Schedule C filers)

**AMENDED**

**YES**  **NO** Were employees working from their homes during the reported period?

Did you file a City return last year?  **YES**  **NO**

Is this a consolidated corporation return?  
 **YES**  **NO**

Should your account be inactivated?  **YES**  **NO**

If **YES**, please explain: \_\_\_\_\_

**REQUIRED:** ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE BACK OF THIS RETURN.

**Local business address(es) if different from mailing address:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 3 \_\_\_\_\_

Address 4 \_\_\_\_\_

Did your mailing address change in 2023?  **Yes**  **No**

**Nature of business** \_\_\_\_\_

**Trade name** \_\_\_\_\_

## Part A TAX CALCULATION List by JEDD in which income was earned or services performed. Do not complete Tax Calculation until after Schedule X and Schedule Y, if applicable, are completed.

Column A JEDD	Code	Column B Total Net Taxable Income*	Tax Rate	Column C Tax Due	Column D (see instructions)	Column E Total Tax Due
North Pickaway County JEDD	20		2.5%			
Prairie Township JEDD	22		2.5%			
Madison Township JEDD	24		2.5%			

1. Total tax due.....		<b>1</b>
2. <b>Less credits</b> for estimated tax payments and overpayment from prior year return only.....	<b>2</b>	
3. Net tax due (Line 1 Less Line 2). If Line 2 is <u>greater</u> than Line 1, enter amount (in brackets) here and carry to line 4.....	<b>3</b>	
4. Overpayment claimed (if Line 2 exceeds Line 1.....)	<b>4</b>	
A. Enter the amount from Line 4 you want <b>CREDITED</b> to your next year tax estimate.....	<b>4A</b>	
B. Enter the amount from Line 4 you want <b>REFUNDED</b> (must be greater than \$10.00).....	<b>4B</b>	

## DECLARE ESTIMATED TAXES FOR 2024

Businesses who expect to owe \$200 or more in tax for the current year are required to make quarterly estimated tax payments (Columbus Code 362.07). To avoid penalties, estimated payments for the tax year must total either 90% of the tax due for the current year or equal to the amount of tax due on this return.

Enter the total amount of estimated tax due for this year below. Estimated tax payments must be made quarterly. One quarter of the estimated tax for the year is due by the following dates: 4/15,6/15,9/15 and 1/15. Credits carried forward from this return will be applied to the amount of the required quarterly estimates.....

## Part B THESE QUESTIONS MUST BE ANSWERED

Date of incorporation or inception: \_\_\_\_\_

Date JEDD business commenced: \_\_\_\_\_

Check whether this return was prepared on:  Cash  Accrual basis

Has JEDD income tax been withheld from and remitted for all taxable employees during the period covered by this return?  
 **YES**, provide the FEIN(s) \_\_\_\_\_  
 **NO**, please explain below: \_\_\_\_\_

Are any employees leased in the year covered by this return?  **YES**  **NO**  
 If **YES**, please provide the name and FEIN number of the leasing company  
 Name \_\_\_\_\_  
 FEIN \_\_\_\_\_

Total JEDD wages paid to employees working from home were: \$ \_\_\_\_\_

JEDD tax withheld for employees working from home was: \$ \_\_\_\_\_

Were 1099-MISC forms issued to central Ohio residents?  **YES**  **NO**  
 If **YES**, attach copies to this return.

## 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 \_\_\_\_\_

**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 # \_\_\_\_\_

## 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

Business name:	EIN/FID number:
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**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 11, 1120 REIT, Line 21] .....	<b>1</b>	
2. A. Items not deductible (from Line 4J below).....	<b>2A</b>	
B. Items not taxable (from Line 5F below).....	<b>2B</b>	
C. Enter excess of Line 2A or 2B.....		<b>2C</b>
D. Pass-through K-1 income (or loss) (deduct pass-through gain, add pass-through loss. See BR-25 Schedule E, Column 5).....		<b>2D</b>
E. Suspended Section 179 expense allowed in this tax year (attach schedule) .....		<b>2E</b>
F. Suspended charitable contributions allowed in this tax year (attach schedule).....		<b>2F</b>
G. Other City taxable income not shown on Federal return.....		<b>2G</b>
H. Net operating loss per C.C.C. §362.03(A)(8), (Schedule must be attached to the City return).....		<b>2H</b>
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).....		<b>3</b>
<b>ITEMS NOT DEDUCTIBLE</b>		
4. A. Capital losses and IRS §1231 losses deducted.....	<b>4A</b>	
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)	<b>4B</b>	
C. Taxes based on income.....	<b>4C</b>	
D. Guaranteed payment to partners (not included within net profits).....	<b>4D</b>	
E. Charitable contributions deducted above corporate limitations CCC §362.03(A)(12).....	<b>4E</b>	
F. IRS §179 expense deducted above corporate limitations CCC §362.03(A)(12).....	<b>4F</b>	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/ owner employees of non C-Corporation businesses.....	<b>4G</b>	
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).....	<b>4H</b>	
I. Other expenses not deductible (attach documentation or explanation).....	<b>4I</b>	
J. TOTAL ADDITIONS (enter here and on Line 2A above).....		<b>4J</b>
<b>ITEMS NOT TAXABLE</b>		
5. A. Capital/IRS §1231 gains, etc (do not deduct Section 1245 and 1250 gains).....	<b>5A</b>	
B. Interest earned or accrued.....	<b>5B</b>	
C. Dividends.....	<b>5C</b>	
D. Income from patents, trademarks, copyrights and royalties from intangible sources.....	<b>5D</b>	
E. Other exempt income (attach documentation or explanation).....	<b>5E</b>	
F. TOTAL DEDUCTIONS (enter here and on Line 2B above).....		<b>5F</b>

**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.....	<b>1</b>					
2. Annual rent paid on rented and leased real property used by the taxpayer wherever situated multiplied by 8.....		<b>2</b>				
3. Combine Lines 1 and 2.....		<b>3</b>				
4. All gross receipts from sales made or services performed wherever made or performed.....		<b>4</b>				
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) .....		<b>5</b>				
<b>JEDD</b>	<b>Code</b>	<b>Column A Property</b>	<b>Column B Gross Receipts</b>	<b>Column C Wages</b>	<b>Column D Average %</b>	<b>Column E Allocated Net Profits</b>
North Pickaway County JEDD	20	a \$	\$	\$	%	\$
		b %	%	%		
Prairie Township JEDD	22	a \$	\$	\$	%	\$
		b %	%	%		
Madison Township JEDD	24	a \$	\$	\$	%	\$
		b %	%	%		
Everywhere Else		a \$	\$	\$	%	\$
		b %	%	%		

Business name:	FEIN
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**Schedule E PASS-THROUGH K-1 INCOME (OR LOSS) ISSUED TO THIS ENTITY (see instructions)**

<b><u>COLUMN 1</u></b> Pass-Through Name	<b><u>COLUMN 2</u></b> Federal Identification # (FID)	<b><u>COLUMN 3</u></b> Partner/Shareholder's Percentage	<b><u>COLUMN 4</u></b> Total Amount of K-1 Pass-Through Income (Loss) Everywhere

**TOTAL**

Additional Requirement: Please attach additional Schedule E's if there are more than twelve K-1s