IR-25 City of Columbus, Income Tax Division City Income Tax Return For Individuals

2021

Column A Column B Column B Column C						<u>, ina</u>							
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CUUNENT home address (number and altered) City City City									Should your account be inactivated?			3 🗌 NO	
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Targety or phone number If you are finite the file and your must attach a direct or money offer To be anound due to the anound can be the anound and be to s. If you are the file and your must attach a direct or money offer Dely use drange metalence during 2021? VES ND Designed nerve:	City		State		Zip code				Did you f	ile a City ret	urn in 2020	0? 🗌 YES	S 🗌 NC
	Taxpayer phone	e number											
Did you change residence during 2021? YES NO Occupation or nature of business					k or money order								
IV S5, where date of move: IV S5, where date date date date date date date dat	Residence o	change in 2	2021 (If applicable)										
If YES, enter date of more:	Did you change r	residence du	ring 2021?	YES	NO	0	un otion on a	ature of husiness					
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Part A TAXABLE WAGES Attach W2s and lor W2s 0. Employer(s) and address where work was PHYSICALLY performed. If you worked from home, state percentage of time worked from home. TAXABLE WAGES (+) (+) (-	Previous Address	s (number and	street)			- Citie	s or emplo						
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(+) (+) (+) (-) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (+) (Part A	TAX		Attach	W-2s and /or W-	2 G.							
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If you have more than three employers, please attach a statement listing all employers. NET WAGES (enter in Column B below) (=) Part B TAX CALCULATION Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200. Column A Column B Column C Column B Column C Column B Col										((+)		
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Part B TAX CALCULATION Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200. Column A Column B Column C Column C Column B Column C Column B Column C Column C <td>f you have more th</td> <td>nan three emr</td> <td>oloyers, please attach a statem</td> <td>nent listing all emplo</td> <td>yers.</td> <td></td> <td></td> <td>NET WAGES (ente</td> <td>r in Colum</td> <td></td> <td>()</td> <td></td> <td></td>	f you have more th	nan three emr	oloyers, please attach a statem	nent listing all emplo	yers.			NET WAGES (ente	r in Colum		()		
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A. Enter the amount from Line 6 you want <u>CREDITED</u> to your next year tax estimate 6A 6B											·		
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00) Third Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) Designee's Name: Phone #: SSN: MAILING INFORMATION NO Payment Enclosed: mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182437 Payment Enclosed: Mail to: Columbus Income Tax Divis			·	,				······			_		
Directive dimediation to the function function of the discussion of the city of columbus? (see instructions) YES Complete the following NO Party Designee's Name: Phone #: SSN: 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 return for any taxes withheld to another municipality for which they have requested and/or they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. NO Payment Enclosed: Sign Your Signature Date Mail to: Columbus Income Tax Division PO Box 1822437 Columbus Income Tax Division PO Box 182218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182218-2437 Date Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182218-2437 Po Box 182218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182218-2437 Payment Enclosed: Mail to: Columbus Income Tax Division PO Box 182218-2437 Po Box 182218 Date PTIN Mail to: Columbus Income Tax Division PO Box 182218-2437								68					
Party Designee's Name: Phone #: SSN: SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare 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. Columbus residents also declare that the subsequently requested, they must amend this return to reduce credit claimed accordingly. MAILLING INFORMATION Sign Your Your Signature Date f a joint return, spots's soft must sign Date Date Date Paid Date PTIN Mail to: Columbus Income Tax Division PO Box 182183 Po Box 182158 Columbus Income Tax Division to columbus Income Tax Division PO Box 182183 Po Box 182183 Date PTIN Preparer's Signature Date		amount from	Line 6 you want REFUN	(must be gr	eater than \$10.00) ———							
Designee Designee's Name: Phone #: SSN: SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly. MAILING INFORMATION Sign Your Your No Payment Enclosed: f a joint return, spouse's sorth must sign Date Date Mail to: Columbus Income Tax Division PO Box 182437 Paid Preparer's Signature Date PTIN Mail to: Columbus Income Tax Division PO Box 182153 Po Box 182158 Date PTIN Polot 42218 2437 Columbus Income Tax Division PO Box 182153	L	Do you war	•	n to discuss this	matter with the 0			see instructions)		•	e the follov	ving	NO
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Date Date Paid PTIN Preparer's Signature Date PTIN Phone # Columbus Income Tax Division	Here Date Date						Colu	mbus, Ol		437			
Preparer's Signature Date Plane # Po Box 182158	hat point of an interview of the second se							CITY T					
	Paid Preparer's Use Only	r's Signature Date Print					Mail to: Columbus Income Tax Divisio PO Box 182158 Columbus, Ohio 43218-2158						

Staple W-2s to the back of this page

Net Profits, Rents and Other Taxable Income

Complete this page if you have income from a source other than a W-2 and/or W-2 G.

You must:

Attach complete Federal Schedules C, E, F and all other income statements to the back of the return

Complete the Net Operating Loss Carry-Forward calculation if you are carrying forward a net operating loss amount from your previous years return, and

Complete Schedule Y if you are allocating income for a business conducted in more than one city.

Part C INCO	DME	FROM SOURCES OT	HER THAN WAGES,	SALARIES, COMMISS	SIONS, ETC.			
CITY	CODE	COLUMN H Income (or loss) from Federal Schedule C or Schedule Y	COLUMN I Rental income (or loss) from Federal Schedule E	COLUMN J (Residents Only) Other income (or loss) from Federal Schedules E or F	COLUMN K Total other income (or loss)			
COLUMBUS	01							
			Total (enter in Part B Column C; if loss enter 0):					

NET OPERATING LOSS CARRY-FORWARD WORKSHEET - must complete if carrying forward a loss in Part C above

Year carried from	Amount available for carry-forward	Carry-forward amount used prior to 2021	Carry-forward amount used on this return	Remaining carry-forward
2018				
2019				
2020				
TOTALS				

Schedule Y SCHEDULE C BUSINESS ALLOCATION FORMULA

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	

СІТҮ	CODE		COLUMN A Property	COLUMN B Gross Receipts	COLUMN C Wages	COLUMN D Average % (row b)	COLUMN E Allocated Net Profits
Columbus	01	а	\$	\$	\$	%	\$
		b	%	%	%		
Everywhere Else		a	\$	\$	\$	%	\$
		b	%	%	%		

Name(s) as shown on Page 1	Primary Social Security	Primary Social Security Number		
Claim for Refund and Adjustments to Ta	axable Wages			
Reason for Adjustment (Explain fully)	or this period			
Part D ADJUSTMENTS TO TAXABLE WAGES				
Under Age 18 1. If you were under the age of 18 for all or part of the year, enter your total wages for the year	1			
 Wages earned while under the age of 18. <u>Attach a copy</u> of your birth certificate, a copy of your dri license or a notarized statement from either parent stating your birthday Enter date of birth here: 				
 Subtract Line 2 from 1. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. 		3		
Improperly Withheld Taxes	4			
4. If city tax was improperly withheld from your wages, enter your total wages from that employer				
5. Income upon which tax was improperly withheld by employer. Complete Certification by Employer bel	<u>ow</u> 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		
Improperly Withheld Taxes from Disability Payments 7. If city tax was improperly withheld from your wages, enter your total wages from that employer	7			
 Income from short-term disability withheld by employer after 7/1/07 				
9. Income from long-term disability withheld by employer				
10. Subtract Lines 8 and 9 from 7. List this figure in Part A of Page 1. Complete Certification by Employed	r below	10		
Nonresident Truck Drivers, Air Carrier Employees, or Railroad Employees 11. 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	11			
 Multiply the amount of Line 11 by 10% (.10). List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. <u>Complete Certification by Employer below</u> 		12		
Nonresident Days Worked Out If you were a nonresident employee who worked part of the year outside the city for which your empl	over withhold city tox			
complete Lines 13 through 21. Attach a list of the dates and locations worked out. See instruction	ons.			
13. Enter the total number of vacation days taken during the entire year	44			
14. Enter the total number of holidays for the entire year				
15. Enter the total number of sick leave days taken during the entire year	15			
16. Add Lines 13 through 15	16			
17. Subtract line 16 from 260 (total workdays in a year) (see instructions)				
18. Enter your qualifying wages for this employer				
19. Divide Line 18 by Line 17 to arrive at average daily income				
20. Enter total days worked outside of Columbus. (Must attach list of dates and locations where worked				
21. Total Days in Columbus. (Line 17 less Line 20)				
22. Multiply Line 21 by Line 19. Enter this figure in Part A of Page 1 along with any other taxable wages or your spouse earned. Have your employer complete and sign the Certification by Employer below		22		

Certification by Employer Regarding Adjustments to Taxable Wages

Employer certification is required to claim adjustments on Lines 4 through 22 above. Your request for refund will not be considered valid without a completed employer certification. A separate certification is required for each job for which you are claiming adjustments on Lines 4 through 22 above.

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

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