

Staple W-2s to the back of this page

First name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_  
 Account ID \_\_\_\_\_  
 If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_  
 Primary Social Security Number \_\_\_\_\_  
 CURRENT home address (number and street) \_\_\_\_\_  
 Spouse's Social Security Number \_\_\_\_\_  
 CURRENT home address line 2 \_\_\_\_\_  
 Filing status:  
 Single  
 Married-Filing Jointly  
 Married-Filing Separately  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Taxpayer Phone Number \_\_\_\_\_  
 Occupation or nature of business \_\_\_\_\_  
 City of residence \_\_\_\_\_  
 Check the appropriate box if:  
 **REFUND** (An amount must be placed in Line 6B for this return to be considered a valid refund request.)  
 **AMENDED**  
 Should your account be inactivated?  YES  NO  
 If YES, explain \_\_\_\_\_  
 Did you file a City return in 2021?  YES  NO

**Residence change in 2022**  
 Did you change residence during 2022?  YES  NO  
 If YES, enter date of move: \_\_\_\_\_  
 Previous Address (number and street) \_\_\_\_\_  
 Previous Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address**  
 Mailing Address (number and street) \_\_\_\_\_  
 Mailing Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Part A TAX CALCULATION** If Column H is \$200 or greater, see page 3 for the Declaration of Estimated Taxes

COLUMN A		COLUMN B	COLUMN C	COLUMN D		COLUMN E	COLUMN F	COLUMN G	COLUMN H
JEDD	CODE	W-2/W-2G INCOME (from Part B)	NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (total from Part D)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS W-2 TAXES WITHHELD (total from Part B)	LESS OTHER CREDITS (total from Part D)	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..... **1**

2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND PRIOR YEAR OVERPAYMENTS ..... **2**

3. BALANCE DUE (LINE 1 LESS LINE 2). IF LINE 2 IS GREATER THAN LINE 1, ENTER OVERPAYMENT (IN BRACKETS) HERE..... **3**

4. PENALTY: 15% \$ \_\_\_\_\_ + INTEREST \$ \_\_\_\_\_ (see instructions) (see instructions) ..... **4**

5. NET TAX DUE (TOTAL OF LINES 3 AND 4). IF OVERPAYMENT, ENTER IN BRACKETS. IF AMOUNT IS \$10.00 OR LESS, ENTER 0..... **5**

6. ENTER OVERPAYMENT CLAIMED ON LINE 5 WITHOUT BRACKETS..... **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**

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO  
 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 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 received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.

**Sign Here** Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If a joint return, both must sign Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
**Paid Preparer's Use Only** Signature \_\_\_\_\_ Date \_\_\_\_\_ 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

Staple check or money order HERE

Name(s) as shown on Page 1	Primary Social Security Number
----------------------------	--------------------------------

**Part B W-2/W-2G Income by Employer** Complete this section for each W-2 you received during the year (Add additional pages if necessary)  
Attach copies of W-2 and/or W-2G to the back of your return

Employer	SSN or ITIN from W-2
Employer Identification Number from W-2	Occupation/Nature of Business
Primary Place of Work Address Line 1	Percentage of Time Worked from Home
Primary Place of Work Address Line 2	<b>Qualified Wages Listed on W-2</b>
City State Zip code	Local Tax Withheld to Columbus Tax Withheld to Work Cities Outside Columbus (Columbus Residents Only)

**Part C ADJUSTMENTS TO TAXABLE WAGES** Certification required ONLY for adjustment to taxable wages

Reason for Adjustment (Explain fully)

**Under Age 18**

1. Wages earned while under the age of 18. **Attach a copy** of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday..... Enter date of birth here: \_\_\_\_\_

	1
--	---

**Improperly Withheld Taxes**

2. Income upon which tax was improperly withheld by employer.....

	2
--	---

**Improperly Withheld Taxes from Disability Payments**

3. Income from disability payments withheld by employer.....

	3
--	---

**Non Resident Transportation Employees and Others by Agreement with Columbus**

4a. If transportation routes are primarily outside the State of Ohio (interstate), enter total wages here.....

	4a
--	----

4b. If based in Columbus but work locations or transportation routes (intrastate) are primarily outside city limits but within Ohio, multiply taxable wages by 90% (.90) and enter here.....

	4b
--	----

**Nonresident Days Worked Out**

If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 5 through 15. **Attach a list of the dates and locations worked out**. See instructions.

5. Enter the total number of vacation days taken during the entire year.....	5	
6. Enter the total number of holidays for the entire year.....	6	
7. Enter the total number of sick leave days taken during the entire year.....	7	
8. Add Lines 5 through 7.....	8	
9. Subtract Line 8 from 260 (total workdays in a year) (see instructions) .....	9	
10. Enter your qualifying wages for this employer (listed in Part B).....	10	
11. Divide Line 10 by Line 9 to arrive at average daily income.....	11	
12. Enter total days worked outside of Columbus. (must attach list of dates and locations where worked).....	12	
13. Days worked from home.....	13	
14. Total Days in Columbus.....	14	
15. Multiply Line 12 by Line 11.....	15	

16. Total wages minus adjustments - Take your total Wages from above and subtract any deductions (Lines 1, 2, 3, 4a, 4b, and 15). Enter this figure in Part A along with any other taxable wages you or your spouse earned.....

	16
--	----

**Certification by Employer Regarding Adjustments to Taxable Wages**

*Employer certification is required to claim adjustments on Lines 1 through 15 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 1 through 15 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	
	Title	

Name(s) as shown on Page 1	Primary Social Security Number
----------------------------	--------------------------------

## 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 Carryforward 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 D INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC.

CITY	CODE	COLUMN I Income (or loss) from Federal Schedule C or Schedule Y	COLUMN J Rental income (or loss) from Federal Schedule E	COLUMN K (Residents Only) Partnership or Trust income from Federal Schedule E	COLUMN L Income (or loss) from Federal Schedule F and Others	COLUMN M Total other income (or loss)
North Pickaway Co. JEDD	20					
Prairie Township JEDD	22					
Madison Township JEDD	24					
Net Operating Loss Carryforward (from worksheet below):						
Total (enter in Part A Column C; if loss enter 0):						

#### NET OPERATING LOSS CARRYFORWARD WORKSHEET - must complete if carrying forward a loss in Part D above

Year carried from	Amount available for carryforward	Carryforward amount used prior to 2022	Carryforward amount used on this return	Remaining carryforward
2018				
2019				
2020				
2021				

#### OTHER CREDITS FOR TAXES PAID

City	City Code	Tax Paid by Partnership	Tax Paid to City Where Earned	Campaign Contribution Credit	TOTAL OTHER CREDITS
North Pickaway Co. JEDD	20				
Prairie Township JEDD	22				
Madison Township JEDD	24				

### Part E Declare Estimated Taxes for 2023

Taxpayers 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.....

**\*Declaration and estimated tax payments must be made separately from your tax return. Payments can be made on CRISP (crisp.columbus.gov) or by using the payment voucher IR-PV.**

**Schedule Y SCHEDULE C BUSINESS ALLOCATION FORMULA**

Trade Name/DBA

1. Net Profits/Income amount shown on the taxable form.....
2. 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.....
3. Annual rental on rented and leased real property used by the taxpayer wherever situated multiplied by 8.....
4. Combine Lines 2 and 3.....
5. All gross receipts from sales made or services performed wherever made or performed.....
6. All wages, salaries and other compensation paid to employees wherever their services are performed except compensation exempt from municipal taxation under C.C.C. §362.03(K)(17).....

1	
2	
3	
4	
5	
6	

CITY	CODE	a	COLUMN A Property	COLUMN B Gross Receipts	COLUMN C Wages	COLUMN D Average % (row b)	COLUMN E Allocated Net Profits
North Pickaway County JEDD	20	a	\$	\$	\$	%	\$
		b	%	%	%		
Prairie Township JEDD	22	a	\$	\$	\$	%	\$
		b	%	%	%		
Madison Township JEDD	24	a	\$	\$	\$	%	\$
		b	%	%	%		
Everywhere Else		a	\$	\$	\$	%	\$
		b	%	%	%		