

Staple W-2s to the back of this page

First name	Middle	Last name	Suffix	Primary Social Security Number	<input type="checkbox"/> <b>AMENDED</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

If a joint return, spouse's first name	Middle	Last name	Suffix	Spouse Social Security Number	Do you anticipate filing a Columbus return next year? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Mailing address (number & street)	Account ID	If NO, explain: _____
<input type="text"/>	IIT - <input type="text"/>	
Mailing address Line 2	Filing Status	
<input type="text"/>	<input type="checkbox"/> Single	
City	<input type="checkbox"/> Married-Filing Jointly	
State	<input type="checkbox"/> Married-Filing Separately	
Zip Code		
Taxpayer Phone Number		
Email		

**CURRENT RESIDENCE** **RESIDENCE CHANGE IN 2023**

<input type="checkbox"/> Same as Mailing	Did you change residence during 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current address (number & street)	If YES, enter date of move: _____
<input type="text"/>	Previous address (number & street)
Current address Line 2	<input type="text"/>
<input type="text"/>	Previous address Line 2
City	City
State	State
Zip Code	Zip Code

**PART A - TAX CALCULATION**

1. W-2/W-2G income (total of Part B(s) Line 2 or Part C(s) Line 12 as applicable).....	1	
2. Net profits, rents, & other non-wage taxable income (Part D Line 7).....	2	
3. Total net taxable income (add Lines 1 & 2).....	3	
4. Tax due (multiply Line 3 by 2.5%).....	4	
5. W-2 tax withheld to Columbus (total of Part(s) B Line 3).....	5	
6. W-2 tax withheld or paid to work cities outside Columbus (total of Part(s) B Line 4).....	6	
7. Other credit from non-wage income (from Part D Line 13).....	7	
8. Total tax due (Line 4 less Lines 5, 6, & 7).....	8	
9. Credit for estimated tax payments & prior year overpayments.....	9	
10. Balance due or net tax due (Line 8 less Line 9). If Line 9 is greater than Line 8, enter overpayment in parentheses here. If amount is \$10 or less, enter \$0.....	10	
11. Overpayment (enter amount from Line 10 without parentheses)..... If any portion of your overpayment is Columbus withholding, the signed Employer Certification on Page 2 <b>must be provided</b> .	11	
A. Enter the amount from Line 11 that you want credited to your next year tax estimates....	11A	
B. Enter the amount from Line 11 that you want refunded (must be greater than \$10) .....	11B	

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** **MAILING INFORMATION**

<b>Sign Here</b> Your Signature	Date	<b>NO Payment Enclosed:</b> Mail to: Columbus Income Tax Division PO Box 182437 Columbus, Ohio 43218-2437
	Date	
If a joint return, both must sign	Spouse's Signature	<b>Payment Enclosed:</b> Make payable to: <b>CITY TREASURER</b> Mail to: Columbus Income Tax Division PO Box 182158 Columbus, Ohio 43218-2158
<b>Paid Preparer's Use Only</b>	Signature	
Date	PTIN	
	Phone #	

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.

Staple check or money order HERE

Name(s) as shown on Page 1	Primary Social Security Number
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**PART B - W-2/W-2G INCOME FROM EMPLOYER (REQUIRED)**

**Complete a separate Part B for each employer. Print additional pages if you have multiple employers**

Employer name from W-2	Primary Place of Work Address Line 1		
Employer Identification Number from W-2	Primary Place of Work Address Line 2		
SSN or ITIN from W-2	City	State	Zip code
Occupation/Nature of Business			

1. Percentage of time worked from home.....	1	
2. Qualified wages listed on W-2 (greater of W-2 Box 5 Medicare Wages or W-2 Box 18 total Local Wages).....	2	
3. Local tax withheld to Columbus.....	3	
4. Tax withheld or paid to work cities outside of Columbus (Columbus residents only).....	4	

**A request for refund or credit of any Columbus tax withheld is not valid without a completed Employer Certification (separate certification required for each employer for which you are requesting a refund or credit.)**

**PART C - ADJUSTMENTS TO TAXABLE WAGES (OPTIONAL - ONLY COMPLETE IF REQUESTING REFUND)**

**Employer Certification is required to claim adjustments on Lines 2-11 below (separate certification required for each job for which you have an adjustment.)**

Reason for Adjustment (Explain fully)

1. Wages earned while <b>under the age of 18</b> . 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 _____	1	
2. Income upon which tax was <b>improperly withheld by employer</b> .....	2	
3. Income earned while working <b>100% from home</b> .....	3	
4. Income from <b>disability payments withheld by employer</b> .....	4	

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

5a. If transportation routes are primarily outside the State of Ohio (interstate), enter total wages here.....	5a	
5b. If based in Columbus but work locations or transportation routes are primarily outside city limits but within Ohio (intrastate), multiply Part B Line 2 by 90%.....	5b	

**Nonresident Days Worked Out**  
*If you were a nonresident employee who worked part of the year outside Columbus, complete Lines 6-11 below.*

6. Total number of vacation, holiday, sick, & PTO days during the entire year (must attach list of dates).....	6		
7. Total workdays in the year (subtract Line 6 from 260) (see instructions).....	7		
8. Average daily income. Divide qualified wages (Part B Line 2) by total workdays (Part C Line 7).....	8		
9. Total days worked outside of Columbus (must attach list of dates & locations where worked).....	9		
10. Total days in Columbus.....	10		
11. Multiply Line 8 by Line 9.....	11		
<b>12. Total wages minus adjustments (Part B Line 2 minus Part C Lines 1, 2, 3, 4, 5a, 5b, &amp; 11).....</b>	<b>12</b>		

**EMPLOYER CERTIFICATION**

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
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**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:**

1. Attach complete Federal Schedules C, E, F & all other income statements to the back of the return.
2. Complete the Net Operating Loss Carryforward calculation if you are carrying forward a net operating loss amount from your previous years return.
3. Complete Schedule Y if you are allocating income for a business conducted in more than one city.

**PART D - NET PROFITS, RENTS, AND OTHER NON-WAGE TAXABLE INCOME**

1. Self-employment income (or loss) from Federal Schedule C or Schedule Y.....	<b>1</b>	
2. Rental income (or loss) from Federal Schedule E.....	<b>2</b>	
3. Partnership or trust income (or loss) from Federal Schedule E (Columbus residents only).....	<b>3</b>	
4. Farming income (or loss) from Federal Schedule F plus any other non-wage taxable income.....	<b>4</b>	
5. Total non-wage taxable income or loss (total of Lines 1 through 4).....	<b>5</b>	
6. Net operating loss carryforward (total of Column 4 from worksheet below).....	<b>6</b>	
7. Total Income from sources other than wages, salaries, & commissions (Line 5 minus Line 6).....	<b>7</b>	

**OTHER CREDIT FOR TAX PAYMENTS ON NON-WAGE INCOME. DO NOT INCLUDE W2 WITHHOLDING HERE**

8. Tax paid to other cities on self-employment income from Federal Schedule C or Schedule Y.....	<b>8</b>	
9. Tax paid to other cities on rental income from Federal Schedule E.....	<b>9</b>	
10. Tax paid to Columbus and/or other cities on partnership & trust income from Federal Schedule E.....	<b>10</b>	
11. Tax paid to other cities on farming income from Federal Schedule F and on other non-wage income.....	<b>11</b>	
12. Campaign contribution credit.....	<b>12</b>	
13. Total other credit (total of Lines 8 through 12).....	<b>13</b>	

**NET OPERATING LOSS CARRYFORWARD WORKSHEET - MUST COMPLETE IF CLAIMING CARRYFORWARD ON PART D, LINE 6**

	COLUMN (1)	COLUMN (2)	COLUMN (3)	COLUMN (4)	COLUMN (5)
	NOL	Prior Years		Current Taxable Year	Future Taxable Year
		NOL Utilized (Income Offset)	Carryforward	Carryforward NOL Used	Carryforward
2018					
2019					
2020					
2021					
2022					
<b>TOTALS</b>					

- Column (1) For each prior tax year for which you incurred a net operating loss (NOL), enter the dollar amount of NOL incurred.
- Column (2) Enter the portion of NOL incurred (from column 1) which has already been utilized in taxable years prior to the current taxable year.
- Column (3) Carryforward available for current tax year. Equals Column (1) minus Column (2).
- Column (4) Enter carryforward utilized on current tax year's return.
- Column (5) Carryforward available for future tax years. Equals Column (3) minus Column (4).
- TOTALS** Carry Column (4) Total to Part D, Line 6 above.

Name(s) as shown on Page 1	Primary Social Security Number
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**Part E    DECLARE ESTIMATED TAXES FOR 2024**

Taxpayers who owe \$200 or more in tax for the current tax year (Part A Line 8) 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 be 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 & 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. Federal Schedule C net profit (or loss) .....	<b>1</b>			
2. Average original cost of all real & tangible personal property owned or used by the taxpayer in the business or profession wherever situated except leased or rented real property.....	2			
3. Annual rental on rented & leased real property used by the taxpayer wherever situated multiplied by 8.....	3			
4. Combine Lines 2 & 3.....	4			
5. All gross receipts from sales made or services performed wherever made or performed.....	5			
6. All wages, salaries & other compensation paid to employees wherever their services are performed except compensation exempt from municipal taxation under C.C.C. §362.03(K)(17).....	6			

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