Form **BR-21J**

City of Columbus, Income Tax Division
Joint Economic Development District/Zone (JEDD(Z))

Declaration of Estimated Income Tax

(also serves as Voucher 1)

2012 FOR THE YEAR _____
BEGINNING _____
ENDING _____

Name and address	EIN/FID Number	*Check this box if:* ☐ **AMENDED** tax year _____
Trade Name	Nature of Business	

JEDD(Z)(s) OF INCOME:

1-	5-
2-	6-
3-	7-
4-	8-

Annualize Installment Method Not Permitted. Neither Columbus nor Prairie-Obetz JEDZ allow for calculating estimated tax payments based on an "annualized income installment method". The Columbus City Codes [§361.25] and Obetz Codes [§181.09] governing the JEDZ requires that each estimated tax payment "be accompanied by a payment of at least one-fourth (1/4) of the estimated annual tax" and that a declaration of estimated tax which is less than **80%** of the tax shown on the final return shall not be considered filed in good faith. Thus, even if your business is seasonal, estimated tax payments must be based on estimated annual taxable income.

Column A	CODE	Column B ESTIMATED UNINCORPORATED INCOME	Column C ESTIMATED CORPORATE INCOME	Column D TOTAL NET ESTIMATED INCOME	TAX RATE	Column E ESTIMATED TAX DUE	Column F LESS TAX WITHHELD ON YOUR BEHALF AS PARTNER	Column G ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F)
North Pickaway County JEDD	**20**				**2.5%**			
Prairie-Obetz JEDZ	**21**				**2.0%**			

1. TOTAL NET ESTIMATED TAX DUE (MUST EQUAL THE TOTAL OF COLUMN G)		1	$
2. LESS: OVERPAYMENT CREDITS FROM PREVIOUS YEAR RETURN	2	$	
3. CREDIT PREVIOUS DECLARATION PAYMENTS (IF AN AMENDED DECLARATION)	3	$	
3A. TOTAL CREDITS (ADD LINES 2 AND 3)	3A	$	
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1) **DUE ON OR BEFORE APRIL 15TH - (A MINIMUM 25% OF LINE 1 DUE)**	4	$	
5. LESS: AMOUNT PAID WITH THIS DECLARATION (ATTACH CHECK OR MONEY ORDER) →		5	$
6. ESTIMATED TAX BALANCE PAYABLE (PAYABLE IN EQUAL INSTALLMENTS FOR EACH QUARTER) USE FORM BR-18	6	$	**(June, September & December)**

SIGNATURE

I declare that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration of estimated income subject to city income tax for the period stated above.

Sign Here

Signature of Officer ▶ _____

Title ▶ _____ Date _____

This Form is Voucher 1

If you are required to make estimated tax payments, you are required to file this form.
Make a copy of this form for your records.

MAILING INFORMATION

Make payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
50 W. Gay Street, 4th Floor
Columbus, Ohio 43215