Form **IR-21**

City of Columbus, Income Tax Division

Declaration of Estimated City Income Tax

(also serves as Voucher #1)

2009

For the Year
BEGINNING _____
ENDING _____

CITY OR CITIES OF EMPLOYMENT/INCOME:		
1-	5-	*Check this box if:* ☐ **AMENDED** tax year _____
2-	6-	
3-	7-	CITY OF RESIDENCE:
4-	8-	TRADE NAME:
SOCIAL SECURITY NUMBER:		NATURE OF BUSINESS:
NAME AND ADDRESS:		CURRENT EMPLOYER'S NAME AND ADDRESS:
		LIST OTHER EMPLOYER(S) OR BUSINESS(ES) AND ADDRESS(ES):
		DID YOU FILE A CITY INCOME TAX RETURN FOR THE PREVIOUS YEAR? ☐ YES ☐ NO IF **YES**, FROM WHAT ADDRESS?

Column A CITY	CODE	**Column B** ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS ETC.	**Column C** ESTIMATED INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME	**Column D** TOTAL NET ESTIMATED INCOME	TAX RATE	**Column E** ESTIMATED TAX DUE	**Column F** LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED	**Column G** ESTIMATED NET TAX DUE (MUST EQUAL COLUMN E MINUS COLUMN F)
COLUMBUS	01				2.0%			
GROVEPORT	09				2.0%			
OBETZ	10				2.0%			
CANAL WINCHESTER	11				2.0%			
MARBLE CLIFF	13				2.0%			
BRICE	14				2.0%			
HARRISBURG	16				1.0%		*	
ALTERNATE CITY								

***NOTE: RESIDENTS OF HARRISBURG MAY ONLY SHOW CREDIT FOR TAXES TO BE WITHHELD TO THEIR RESIDENT CITY (COLUMN F).**

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	$
DUE ON OR BEFORE APRIL 15TH - (A MINIMUM 25% OF LINE 1 DUE)		
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1)	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 IR-18	6	$ (July, October & January 2010)

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 Date

▶ _____ | _____
Spouse's Signature Date

PRINT

RESET FORM

Make checks payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
PO Box 182158
Columbus, Ohio 43218-2158

This form may be electronically filed and paid at www.columbustax.net

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.

Rev. 10/31/08