Form **BR-21**

City of Columbus, Income Tax Division

Declaration of Estimated City Income Tax

(also serves as Voucher 1)

2014

FOR THE YEAR _____
BEGINNING _____
ENDING _____

Name _____ EIN/FID No. _____

Address _____

City _____ State 0 Zip Code _____

Trade Name _____ Nature of Business _____

CITY OR CITIES OF INCOME:

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

Check this box if:

☐ **AMENDED** tax year _____

Annualize Installment Method Not Permitted. The Columbus City Codes do not allow for calculating estimated tax payments based on an "annualized income installment method". The Columbus City Codes [§361.25] 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, City estimated tax payments must be based on estimated annual taxable income.

Column A CITY	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)
COLUMBUS	01				2.5%			
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%			

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

NO Payment Enclosed:
Mail to: Columbus Income Tax Division
PO Box 182437
Columbus, Ohio 43218-2437

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

Payment Enclosed:
Make payable to: CITY TREASURER
Columbus Income Tax Division
PO Box 182158
Columbus, Ohio 43218-2158

Print Form

Reset Form

Rev. 6/25/13