

Name(s) and Current Address, Your social security number, Spouse's social security number (if joint), Filing Status - check only one, Check the appropriate box if: REFUND, AMENDED tax year, Did you change residence during 2004?, Did you file a City return in 2003?

Table with columns for Part A Employer(s) and address where work performed, TAXABLE WAGES, ADJUSTMENTS, NET WAGES. Includes sub-headers (+) \$, (-) \$, (=) \$.

City(ies) of Employment/Income #1 #2, City of Residence, Occupation or nature of business, City Code Tax Rate table with entries for Columbus, Brice, Canal Winchester, Groveport.

Part B 2004 TAX CALCULATION If you file with more than two (2) cities, call 645-7370 and request form IR-25.

Table with columns: Column A CITY, Column B INCOME FROM WAGES, SALARIES, COMMISSIONS ETC., Column C INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME, Column D TOTAL NET TAXABLE INCOME, TAX RATE, Column E TAX DUE, Column F LESS TAX WITHHELD (W-2), Column G NET TAX DUE.

*Columbus, Canal Winchester, Groveport, Marble Cliff and Obetz residents use ALTERNATE CITY LINE for additional tax due to city of residence as a result of having paid a lesser tax to city of employment (be sure to indicate city and tax rate). NOTE: residents of Harrisburg and Lithopolis may only take credit for taxes paid or withheld to their resident city (Column F). UFR = Universal Filing Requirement - residents must file a return.

1. TOTAL NET TAX DUE (TOTAL OF COLUMN G), 2. LESS CREDIT FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY (NOT W-2), 3. BALANCE DUE (LINE 1 LESS LINE 2), 4. PENALTY: 10% \$ + INTEREST \$ + LATE FEE \$ =, 5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4), 6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1), A. ENTER THE AMOUNT FROM LINE 6 YOU WANT CREDITED TO YOUR NEXT YEAR TAX ESTIMATE, B. ENTER THE AMOUNT FROM LINE 6 YOU WANT REFUNDED (MUST BE GREATER THAN \$1.00).

Part C 2005 DECLARATION OF ESTIMATED TAXES A declaration of estimated tax is required if all taxes are not fully withheld.

Table with columns: Column H CITY, Column I ESTIMATED INCOME FROM WAGES, SALARIES, COMMISSIONS - ETC., Column J ESTIMATED INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME, Column K TOTAL NET ESTIMATED INCOME, TAX RATE, Column L ESTIMATED TAX DUE, Column M LESS TAX TO BE WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED, Column N ESTIMATED NET TAX DUE.

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.

Has your Federal tax liability for any prior year been changed in the year covered by this return as a result of any examination by the Internal Revenue Service? YES NO, If YES, has an amended City return been filed for such year or years? YES NO, Signature of Taxpayer, Spouse (if joint), person preparing return, Paid Preparer's SSN or EIN, Phone.

Due on or before April 15th. See instructions for penalty, interest and late filing fees. NOTE: DO NOT SEND CASH THROUGH U.S. MAIL. Make checks payable to: City Treasurer, Columbus Income Tax Division, PO Box 182158, Columbus, Ohio 43218-2158

- OFFICE USE ONLY -

ATTACH CHECK HERE

Name(s) as shown on Page 1	Your Social Security Number
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Non-Wage Income

You must attach all applicable schedules from your Federal return.

Column O CITY	C O D E	Column P INCOME (OR LOSS) FROM FEDERAL SCHEDULE C AND/OR F - ATTACHED	Column Q RENTAL INCOME (OR LOSS) FROM FEDERAL SCHEDULE E - ATTACHED	Column R OTHER INCOME FROM FEDERAL K-1 - ATTACHED	Column S TOTAL OTHER INCOME (OR LOSS) IF GREATER THAN ZERO, CARRY TO PAGE 1, COLUMN C.

Losses may only be taken against equal or greater amount of other unincorporated business income earned in the same city or against other unincorporated business income taxed by city of residence.

Claim for Refund and Adjustments to Taxable Wages

You must complete and sign Page 1 to claim a refund.

Reason for Adjustment (Explain fully)	Resident Address for this period
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Part 1 Adjustments to Taxable Wages

1. If you are claiming employee expenses from Federal Form 2106, enter your total wages from that job here. Do not include wages included on Lines 10 or 19 below. See instructions.....	1		
2. Employee business expenses from Federal Form 2106. Do not include 2106 expenses reported on Lines 11 or 20 below. Attach a copy of the 2106. See instructions.....	2		
3. Subtract Line 2 from 1. If less than zero, enter zero. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....			3
4. If you were under the age of 18 for all or part of the year, enter your total wages for the year.....	4		
5. 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: _____	5		
6. Subtract Line 5 from 4. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....			6
7. If city tax was improperly withheld from your wages, enter your total wages from that employer	7		
8. Income upon which tax was improperly withheld by employer. Complete Part 2 below	8		
9. Subtract Line 8 from 7. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned (WARNING: Employer may have to refund. See instructions.).....			9
10. If you were a non-resident railroad employee or non-resident over-the-road truck driver assigned duties only within Ohio, enter your total railroad or driving wages here.....	10		
11. Enter the amount of 2106 expenses related to this income. Attach a copy of the 2106	11		
12. Subtract Line 11 from 10. If less than zero, enter zero.....	12		
13. Multiply the amount of Line 12 by 10% (.10). List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. Complete Part 2 below			13
If you were a non-resident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 14 through 24. Attach a list of the dates and locations worked out. See instructions.			
14. Enter the total number of vacation days taken during the entire year.....	14		
15. Enter the total number of holidays for the entire year.....	15		
16. Enter the total number of sick leave days taken during the entire year.....	16		
17. Add Lines 14 through 16.....	17		
18. Subtract line 17 from 260 (total workdays in a year) (see instructions).....	18		
19. Enter your total wages for this job for the year.....	19		
20. Enter the amount of 2106 expenses related to this income. Attach a copy of the 2106.....	20		
21. Subtract Line 20 from 19. If less than zero, enter zero.....	21		
22. Divide Line 21 by the number of days shown on Line 18.....	22		
23. Enter the number of days worked in the city (Line 18 less total days worked out).....	23		
24. Multiply Line 22 by Line 23. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. Complete Part 2 below			24

Part 2 Certification by Employer Regarding Adjustments to Taxable Wages

Employer certification is required to claim adjustments on Lines 7 through 24 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 7 through 24 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	By: _____ Official's Signature	_____ Official's Name Printed
Employer's Phone	Title	Date

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QUARTERLY STATEMENT OF ESTIMATED INCOME TAX DUE

SOCIAL SECURITY NUMBER _____ Tax Year

_____ **2005**

PAYMENT DUE ON _____ #

JULY 31 **2**

NAME AND ADDRESS:

FORM IR-18/Q-1/Rev. 10/29/04

Make checks payable to:
Mail to:

**City Treasurer
Columbus Income Tax Division
PO Box 182158
Columbus, Ohio 43218-2158**
Note: DO NOT SEND CASH THROUGH U.S. MAIL
Our web address is: www.columbusntax.net

Check here if you have previously filed an amended declaration of estimated tax for the current tax year.

VOUCHER 2 - (CALENDAR YEAR - DUE JULY 31)

Total Estimated Tax for the Year \$ _____	Overpayment from last year's taxes applied to this year's estimated taxes: \$ _____
1. Amount of this installment..... →	\$ _____
2. Amount of unused overpayment credit, if any, applied to this installment..... →	\$ _____
3. Amount of this installment payment (Line 1 less Line 2)..... →	\$ _____

If you determine that an amended declaration is necessary with this payment, please call (614) 645-7370 to request the appropriate form (Form IR-21).

IR-18

QUARTERLY STATEMENT OF ESTIMATED INCOME TAX DUE

SOCIAL SECURITY NUMBER _____ Tax Year

_____ **2005**

PAYMENT DUE ON _____ #

OCTOBER 31 **3**

NAME AND ADDRESS:

FORM IR-18/Q-1/Rev. 10/29/04

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VOUCHER 3 - (CALENDAR YEAR - DUE OCTOBER 31)

Total Estimated Tax for the Year \$ _____	Overpayment from last year's taxes applied to this year's estimated taxes: \$ _____
1. Amount of this installment..... →	\$ _____
2. Amount of unused overpayment credit, if any, applied to this installment..... →	\$ _____
3. Amount of this installment payment (Line 1 less Line 2)..... →	\$ _____

If you determine that an amended declaration is necessary with this payment, please call (614) 645-7370 to request the appropriate form (Form IR-21).

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QUARTERLY STATEMENT OF ESTIMATED INCOME TAX DUE

SOCIAL SECURITY NUMBER _____ Tax Year

_____ **2005**

PAYMENT DUE ON _____ #

JANUARY 31, 2006 **4**

NAME AND ADDRESS:

FORM IR-18/Q-1/Rev. 10/29/04

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Columbus, Ohio 43218-2158**
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Our web address is: www.columbusntax.net

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VOUCHER 4 - (CALENDAR YEAR - DUE JANUARY 31, 2006)

Total Estimated Tax for the Year \$ _____	Overpayment from last year's taxes applied to this year's estimated taxes: \$ _____
1. Amount of this installment..... →	\$ _____
2. Amount of unused overpayment credit, if any, applied to this installment..... →	\$ _____
3. Amount of this installment payment (Line 1 less Line 2)..... →	\$ _____

If you determine that an amended declaration is necessary with this payment, please call (614) 645-7370 to request the appropriate form (Form IR-21).