

CITY OF COLUMBIANA
 INCOME TAX DEPARTMENT
 28 W. Friend Street
 Columbiana, Ohio 44408
 Tax Office Phone 330-482-6184
 www.columbianaohio.gov
DUE DATE: April 15

CITY OF COLUMBIANA INCOME TAX RETURN

For Calendar Year
 or fiscal year ended
 FISCAL YEAR DUE DATE:
 120 days after end of Fiscal Period

Amount Paid With This Return

\$ _____
 Cash Money Order
 Check Check No. _____

Check here if name or address has been changed Date of Audit _____ Audited By _____

TAXPAYER'S NAME, ADDRESS	Social Security No. _____
	Social Security No. _____
	Federal I.D. Number _____
	If moved since previous final return was due, give date moved: Into City _____ Out of City _____

Copy of Federal 1040, 1040A, 1040EZ (Page 1) must be attached to individual returns

Did you apply for or receive a local tax refund from another city during this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retired and Taxpayers With No Taxable Income - Check Appropriate Box	
	Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/> Retired - with only non-taxable income - Date Retired _____
	<input type="checkbox"/>	<input type="checkbox"/> Only income was from a non-taxable source - List Source _____
	<input type="checkbox"/>	<input type="checkbox"/> Under Age 18 - Birthdate _____ (Verification of age required for refund)
	<input type="checkbox"/>	<input type="checkbox"/> Active Duty Military
	<input type="checkbox"/>	<input type="checkbox"/> Deceased - Date _____

ATTACH LEGIBLE COPY OF ALL W-2'S, 1099 MISC and/or SCHEDULES

W-2'S MUST BE SUBMITTED!

ATTACH ALL W-2 COPIES HERE

1. Wages, Salaries, Tips and Other Employee Compensation (Attach All W-2's).....	\$ _____
(The largest amount on the W-2 Form is taxable)	
2. Other Taxable Income (from Page 2 - if used)	\$ _____
3. Total Taxable Income	\$ _____
4. Municipal Tax Rate 1% of Line 3	\$ _____
5. Credits	
A. Taxes withheld by Employers (for City of Columbiana)	\$ _____
B. Estimated Taxes Paid Columbiana	\$ _____
C. Income Tax Paid ANOTHER City (1/2 of 1% of wage on which other city tax is paid) ...	\$ _____
D. Other Credits Allowed	\$ _____
E. Total Credits	\$ _____
6. Balance of Tax Due (line 4 less line 5E).....	\$ _____
7. Late Charges Late Payment Penalty of (1 1/2% / mo.) Interest (1/2% / mo.).....	\$ _____
8. TAX DUE (Pay in Full with this Return if \$1.00 or More) Make Check to Columbiana Income Tax Dept.	\$ _____
9. OVER PAYMENT (If line 4 is less than 5E)	\$ _____
A. Over payment to be refunded <input type="checkbox"/> (No Refunds Under \$1.00) CREDITED to next year Estimate <input type="checkbox"/> (No Credits Under \$1.00)	

DECLARATION OF ESTIMATED TAX FOR YEAR 20_____

1. Total estimated income subject to tax \$ _____ Multiply by tax rate .01 (1%) for gross tax	\$ _____
2. Less any CITY TAX to be withheld	\$ _____
3. Balance of City of Columbiana Income Tax declared	\$ _____
4. Less credits: A. Overpayment on previous years return	\$ _____
B. Previous payment, if this is an amended estimate	\$ _____
5. Net estimated tax due	\$ _____
6. Amount paid with this declaration (at least 1/4 of line 5)	\$ _____
7. Balance of estimate due	\$ _____

ESTIMATED PAYMENT VOUCHERS AVAILABLE ONLINE OR AT THE CITY BUILDING

The undersigned declare that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Yes, I Authorize Direct Communication with Return Preparer.

Signature of Taxpayer *Date*

Signature of Taxpayer *Date*

Signature of Person Preparing if other than taxpayer *Date*

