| 5 | | | City of Columbus, Income Tax Divis |
|---|---|--|------------------------------------|
| 5 | 5 | | City Income Toy |

City of Columbus, Income Tax Division City Income Tax Return For Individuals

| 20 | 20 |
|----|----|
|----|----|

| | | | | | 200 01 5010 | | | | (An amount must be placed in | | | | | | | |
|-------------------------------|----------------------|----------------------------------------------------------------|------------------------|------------------------------------------------------------|---------------------|--------------------------------------------------|---------------------------------------------|----------------|------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|------------|----------|-----|
| AJAY KUMZ First name and m | | | CHITTEMSETTI Last name | | | | 098 21 7819 Spouse's Social Security Number | | | | Line 6B for this return to be | | | | | |
| | | | | | | Spouse | e's Social | Security Nu | mber | | | | | | | |
| If a joint return, initial | spouse's fir | rst name and | Last name | | | | Filings | status. | | 0 | hould w | our aggeun | at ho in | notivoto o | d? TYES | |
| 3767 TAL: | IESIN | PLACE | | | | | | Filing status: | | | | | | | _ | _ |
| CURRENT home | address (ni | umber and street) | | | | | | | ling Jointly | | YES, e | xplain | | | | |
| COLUMBUS | | | HC | | 4321 | | | | ling Separ | - | : | l O:t | . 4 | 00400 | | |
| City | | S | State | | Zip code | | | | ce Use | | ia you ti | le a City re | eturn ir | 2019? | YES | ∐ № |
| Taxpayer phone | number | | | | | | | | | | | | | | | |
| | | nd payment is du | | | ck or mone | ey order | | | | | | | | | | |
| | | 2020 (If applicabl | | | | | | | | | | | | | | |
| Did you change re | sidence du | ring 2020? | | YES | X NO | | | | | | | | | | | |
| If YES, enter date | of move: | | | | | | 1 | name /DE | ature of busine | ess | | | | | | |
| ı | | | | | | | | of employ | | LUMBU | | | | | | |
| Previous Address (| number and | street) | | | | | 3.00 | | | | | | | | | |
| City, State, Zip Coo | de | | | | | | City of | residence | COI | LUMBU | S | | | | | |
| Part A | ΤΑX | (ABLE WA | AGES | Attach | W-2s and | d /or W-2 0 | 3 . | | | | | | | | | |
| Employe | r(s) and ad | dress where work v | was PHYS | ICALLY performe | ed. If you we | orked from h | ome, state į | percentag | e of time wo | ked from | home. | | | TAXA | BLE WAGE | S |
| COMTEK GI | LOBAL | INC,242 C | OLD N | EW BRUNS | WICK F | ROAD SU | JITE 4 | | | | (+) | | | | 60,3 | 23. |
| | | | | | | | | | | | | | (+) | | | |
| | | | | | | | | | | | | | (+) | | | |
| If you have more tha | in three emp | oloyers, please attac | h a statem | ent listing all emplo | oyers. | | | | NET WAGES | (enter in 0 | Column | B below) | (=) | | 60,3 | 23. |
| Part B | ГАХ С | ALCULAT | ION | Complete Fo | rm IR-21 | for 2021 if | ²⁰²⁰ net | tax du | e is more t | han \$200 | 0. | | | | | |
| COLUMN A | | COLUMN | ΙB | COLUM | N C | COLU | MN D | | COLU | /N E | | OLUMI | | | COLUMN | l G |
| CITY | CODE | INCOME FROM W SALARIES, COMMI ETC. (from Net Wages in | ISSIONS, | INCOME FRO PROFITS, REN' OTHER TAXABLE (from Part | TS, AND E INCOME | TOTAL TAXABLE | | TAX RATE | TAX DUE | | LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHP, PAID DIRECTLY TO CITY WHERE EARNED, OR CAMPAIGN CONTRIBUTION CREDIT | | o,^` Y | NET TAX D | UE | |
| COLUMBUS | 01 | 60,3 | 323. | | 0. | 60, | ,323. | 2.5% | 1, | 1,508. | | . 1,5 | | 508. | | 0. |
| 2. LESS CREDIT | S FOR ES | TIMATED TAX P | PAYMENT | S AND OVERP | PAYMENT | FROM PRIC | OR YEAR | RETURI | N ONLY | | 2 | | | | | |
| 3. BALANCE DUI | E (COLUM | IN G LESS LINE : | 2). If Line | 2 is greater than | Column G, | enter amou | nt (in brack | ets) here | | | | | [| 3 | | 0 . |
| 4. PENALTY: 15% | ` 6 \$ | + INTE | EREST \$ | | | | ` | | | | | | | 4 | | |
| 5. TOTAL AMOU | ` | tructions) | | (see instructions | , | JE IF AMOL | JNT IS \$1 | 0.00 or le | ess | | | | | 5 | | |
| 6. OVERPAYMEN | | | | | | | | | | 6 | | | | | | |
| A. Enter the ar | mount from | n Line 6 you want | CREDIT | ED to your nex | t year tax e | estimate | 6A | | | | | | | | | |
| B. Enter the ar | nount from | Line 6 you want | REFUNI | DED (must be g | reater than | n \$10.00) — | | | | 6B | | | | | | |
| Thind - | | | | | | | | | | | _ | | | | _ | |
| Third Do Party | ırtv | | | | | | | ibus? (s | ee instructio | ns) [| | Comple | ete the | followin | g 🔀 | NO |
| Designee | | Designee's N | Name: | | | | Phone #: | | | | SS - | N: | | | | _ |
| SIGNATU | | for the taxable per | riod stated, | at this return (and and that the figure | es used are | the same as i | ised for fede | ral incom | e tax purposes | anu | | | | | OITAN | N |
| Jiuli | | | | | | on of the city of residence and the I.R.S. Date | | | | | | olumb | us Inc | ome Tax D | ivisior | |
| If a joint return, S | int return, Spouse's | | | | Date | | | | | Co | oluml | | 57 nio 43218-2 | 437 | | |
| Paid | | | | | | | PTIN 30-1017196 | | | | Payment Enclosed: | | | | | |
| Preparer's S | ignature | | | | Date 04/07 | /2021 | Phone # (678) 965-9522 | | | | Make payable to: CITY TREASURER Mail to: Columbus Income Tax Divisi | | | | | |

Rev. 1/08/2021 REV 03/26/21 PRO

PO Box 182158 Columbus, Ohio 43218-2158