

Staple W-2s to the back of this page

|  |   |  |
|--|---|--|
| <p><u>SAI BHARGAV</u> <u>PARIMI</u><br/>                 First name and middle initial Last name</p> <p>If a joint return, spouse's first name and initial _____ Last name _____</p> <p><u>4712 PLUM RD</u><br/>                 CURRENT home address (number and street)</p> <p>_____<br/>                 CURRENT home address line 2</p> <p><u>MONROVIA</u> <u>MD</u> <u>21770</u><br/>                 City State Zip Code</p> <p>_____<br/>                 Taxpayer Phone Number</p> | <p>Account ID _____</p> <p><u>079 15 3500</u><br/>                 Primary Social Security Number</p> <p>_____<br/>                 Spouse's Social Security Number</p> <p>Filing status:<br/> <input checked="" type="checkbox"/> Single<br/> <input type="checkbox"/> Married-Filing Jointly<br/> <input type="checkbox"/> Married-Filing Separately</p> <p>_____<br/>                 Occupation or nature of business</p> <p>_____<br/>                 City of residence <u>MONROVIA</u></p> | <p>Check the appropriate box if:</p> <p><input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request.)</p> <p><input type="checkbox"/> <b>AMENDED</b></p> <p>Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, explain _____</p> <p>_____<br/>                 Did you file a City return in 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|---|--|

| Residence change in 2022  | Mailing Address  |
|---|--|
| <p>Did you change residence during 2022? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, enter date of move: _____</p> <p>_____<br/>                 Previous Address (number and street)</p> <p>_____<br/>                 Previous Address Line 2</p> <p>_____<br/>                 City State Zip Code</p> | <p>_____<br/>                 Mailing Address (number and street)</p> <p>_____<br/>                 Mailing Address Line 2</p> <p>_____<br/>                 City State Zip Code</p> |

**Part A TAX CALCULATION** If Column H is \$200 or greater, see page 3 for the Declaration of Estimated Taxes

| COLUMN A | COLUMN B | COLUMN C                      | COLUMN D   | COLUMN E                 | COLUMN F | COLUMN G | COLUMN H                                    |  |               |
|----------|----------|-------------------------------|--|--------------------------|----------|----------|---|--|---------------|
| CITY     | CODE     | W-2/W-2G INCOME (from Part B) | NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (total from Part D) | TOTAL NET TAXABLE INCOME | TAX RATE | TAX DUE  | LESS W-2 TAXES WITHHELD (total from Part B) | LESS OTHER CREDITS (total from Part D) | TOTAL TAX DUE |
| COLUMBUS | 01       | 89,966.                       |  | 89,966.                  | 2.5%     | 2,249.   | 2,249.                                      |  | 0.            |

|  |    |    |
|--|----|----|
| 1. TOTAL TAX DUE.....  | 1  | 0. |
| 2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND PRIOR YEAR OVERPAYMENTS .....   | 2  |    |
| 3. BALANCE DUE (LINE 1 LESS LINE 2). IF LINE 2 IS GREATER THAN LINE 1, ENTER OVERPAYMENT (IN BRACKETS) HERE.....       | 3  | 0. |
| 4. PENALTY: 15% \$ _____ + INTEREST \$ _____<br><small>(see instructions) (see instructions)</small>                   | 4  |    |
| 5. NET TAX DUE (TOTAL OF LINES 3 AND 4). IF OVERPAYMENT, ENTER IN BRACKETS. IF AMOUNT IS \$10.00 OR LESS, ENTER 0..... | 5  |    |
| 6. ENTER OVERPAYMENT CLAIMED ON LINE 5 WITHOUT BRACKETS.....   | 6  |    |
| A. Enter the amount from Line 6 you want <b>CREDITED</b> to your next year tax estimate.....                           | 6A |    |
| B. Enter the amount from Line 6 you want <b>REFUNDED</b> (must be greater than \$10.00) .....                          | 6B |    |

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** *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. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.*

|                                   |                    |                               |
|-----------------------------------|--------------------|-------------------------------|
| Sign Here                         | Your Signature     | Date                          |
| If a joint return, both must sign | Spouse's Signature | Date                          |
| <b>Paid Preparer's Use Only</b>   | Signature          | Date                          |
|                                   |                    | PTIN <u>84-3171965</u>        |
|                                   |                    | Phone # <u>(678) 965-9522</u> |

**MAILING INFORMATION**

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

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