Click on the fields below and type in your information.

Then print the form and mail it to our office.

THIS SPACE IS FOR OFFICIAL USE ONLY

city of CINCINNATI FINANCE

# CITY OF CINCINNATI

## FINANCE DEPARTMENT
## INCOME TAX DIVISION

# ATHLETE AND ENTERTAINER ANNUAL WITHHOLDING RECONCILIATION (FORM CIT-AES)

## WITHHOLDING AGENT

| | | | |
|---|---|---|---|
| **Name** | | **Street Address** | |
| **City** | **State** | **Zip Code** | **Contact Person** |
| **Telephone Number** | **Cincinnati Tax Account No.** | | **Federal Identification No.** |

## WITHHOLDING SUMMARY OF PERFORMERS

| NAME OF PERFORMING ENTITY | FEDERAL IDENTIFICATION NO. or SOCIAL SECURITY NO. | AMOUNT PAID | TAX AMOUNT WITHHELD |
|---|---|---|---|
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| **TOTAL AMOUNT PAID AND TOTAL TAX AMOUNT WITHHELD** → | | **$** 0.00 | **$** 0.00 |

The due date for filing your return is **February 15, 2014**.
Mail your return to the following address:

**CINCINNATI INCOME TAX DIVISION**
**ATHLETE AND ENTERTAINER TAX**
**805 CENTRAL AVENUE SUITE 600**
**CINCINNATI OH 45202-5799**

**AUTHORIZATION STATEMENT:**
**I declare under the penalties of false statement that I have examined this return and to the best of my knowledge and belief it is true, complete, and correct.**

Signature _____ Printed Name _____ Date _____