

Form

IT-15

City of Columbus, Income Tax Division

Employer's Deposit of Income Tax Withheld

Date Wages Paid _____	Columbus	01	_____
Year and quarter to which this payment is to be applied → _____	Tax Year	Quarter	_____
EIN/FID Number _____	Groveport	09	_____
Employer Name _____	Obetz	10	_____
Address _____	Canal Winchester	11	_____
City _____ State _____ Zip Code _____	Marble Cliff	13	_____
Make checks payable to: CITY TREASURER	Brice	14	_____
Mail to: Employer Withholding Tax	Harrisburg	16	_____
Rev. 6/16/17 PO Box 182489	TOTAL - ALL CITIES		_____
Columbus, OH 43218-2489			

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