Form **IT-6W** City of Columbus, Income Tax Division

Employer's Claim for Refund of Withholding Tax

Tax Year **2018**

Withholding Account No.		-W	Year		Quarter	

Name _____

Address _____

City _____ State ____ Zip Code _____

Special Instructions

- Submit amended quarterly returns (IT-11s) if the previous reported tax liability has changed.
- Submit corrected W-2 forms (W-2Cs) if wage and/or withholding information has changed.

REFUND CLAIMED BY CITY

Columbus (Work City)	01	
Groveport (Work City)	09	
Obetz (Work City)	10	
Canal Winchester (Work City)	11	
Marble Cliff (Work City)	13	
Brice (Work City)	14	
Harrisburg (Work & Resident City)	16	
Alt Columbus (Resident City)	88	
Alt Groveport (Resident City)	89	
Alt Obetz (Resident City)	90	
Alt Canal Winchester (Res. City)	91	
Alt Marble Cliff (Resident City)	93	
Alt Brice (Resident City)	94	
TOTAL REFUND CLAIMED		

General Instructions for Form IT-6W

To avoid delays in the processing of your refund request, be sure that the reason given for your refund request provides sufficient information to enable the Income Tax Division to approve your request. For example, reasons such as "Remitted tax due to the City of Dublin on wages of employees working at 123 Shamrock Lane to Columbus in error" or "Check # 123 written on April 27, 2007 for $1,234 was sent to Columbus in error. Check #123 should have been mailed to the State of Ohio" are informative enough to avoid processing delays. A reason such as "overpaid Columbus tax" is not.

Attach any supporting documentation to the back of this form that you feel will be helpful in processing your refund. For example, if you remitted tax to us that should have been remitted to another government agency, attach a copy of the return or payment coupon for that other agency that matches the amount of your refund claim.

Refunds must be greater than $10.00.

Payroll Services filing on behalf of a client must attach a valid power of attorney to the refund claim. Questions? Call (614) 645-8368.

Reason for Refund

Officer's Signature _____ Officer's name (Please Print) _____ Date _____

Officer's Title _____ Officer's Telephone Number _____

Mail to: Columbus Income Tax Division
PO Box 182489
Columbus, OH 43218-2489

Print Form Reset Form

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