Form **IT-15** City of Columbus, Income Tax Division

Employer's Deposit of Income Tax Withheld

Date Wages Paid _____

Year and quarter to which this payment is to be applied → Tax Year _____ Quarter _____

EIN/FID Number _____ **-W**

Employer Name _____

Address _____

City _____ State ____ Zip Code _____

Make checks payable to: **CITY TREASURER**
Mail to: Employer Withholding Tax
PO Box 182489
Columbus, OH 43218-2489

Rev. 6/16/17

Columbus	01	
Groveport	09	
Obetz	10	
Canal Winchester	11	
Marble Cliff	13	
Brice	14	
Harrisburg	16	
TOTAL - ALL CITIES		

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Print Form Reset Form

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