Form **IT-13** City of Columbus, Income Tax Division

Reconciliation of Quarterly Returns of Income Tax Withheld From Wages

For Calendar Year **2017**

EIN/FID Number _____ **-W**

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

- Attach W-2s or Magnetic Media (CD etc.) to the back of this return. Visit ***www.columbustax.net*** for our *"Magnetic Media"* filing requirements or call the Withholding Section at (614) 645-8368.
- Do not enclose quarterly returns with this form. Mail quarterly returns separately.
- This annual reconciliation does not substitute for the filing of quarterly returns.
- Attach check (if any) to the front of this return. (Do not remit amounts of $1.00 or less).
- A late filing fee may be assessed for failure to file this return by the last day of February.
- Complete and retain Taxpayer's Copy.

City Name	Number of W-2's (Records)	City tax liability from wages as shown by "Employer's Quarterly Return of Tax Withheld (Form IT-11)					WITHHOLDING PER EMPLOYEES' W-2's	DIFFERENCE BETWEEN IT-11's AND W-2's
		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL WITHHOLDING PER IT-11's		
Columbus								
Groveport								
Obetz								
Canal Winchester								
Marble Cliff								
Brice								
Harrisburg								
ALT CITY*								
TOTALS								

* For additional tax due from residents working in cities with a lower tax rate (please indicate resident city). Resident city must be a city in one of the jurisdictions shown above.

Print Form Reset Form

OFFICER NAME (Please Print) _____

OFFICER SIGNATURE _____

OFFICER TITLE _____

DATE _____

NOTE: Explain any discrepancy shown in the "Difference Between IT-11s and W-2" column on the reverse side of this form. If you calculate an amount owed, attach a check to the front of this form. File the original of this form and W-2s with:

Columbus Income Tax Division
PO Box 182437
Columbus, OH 43218-2437

Rev. 8/11/17