Form **IT-13J**

City of Columbus, Income Tax Division
Joint Economic Development District/Zone (JEDD/JEDZ)

Reconciliation of Quarterly Returns of Income Tax Withheld From Wages

ACCOUNT INFORMATION

For Calendar Year **2019**

EIN/FID number _____ **-WJ**

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 $10.00 or less.**
- A late filing fee may be assessed for failure to file this return by the last day of February.
- Complete form and retain a copy.

WITHHOLDING

		City tax liability from wages as shown on Form IT-11J						
CITY NAME	**NUMBER OF W-2's (RECORDS)**	**FIRST QUARTER**	**SECOND QUARTER**	**THIRD QUARTER**	**FOURTH QUARTER**	**TOTAL WITHHOLDING PER IT-11J's**	**WITHHOLDING PER EMPLOYEES' W-2's**	**DIFFERENCE BETWEEN IT-11J's AND W-2's***
North Pickaway County JEDD								
Prairie Township JEDD								
Madison Township JEDD								
					TOTAL			

↑
Please do not remit amounts of $10.00 or less.

Mail this original form and all W-2s to:
Columbus Income Tax Division
W-2/IT-13 Section
PO Box 182437
Columbus, Ohio 43218-2437

***Please explain any discrepancy shown in the above "Difference Between IT-11Js and W-2s" column if applicable:**

☐ Check this box to authorize the transfer of any overpayment shown in the "Difference Between IT-11Js and W-2s" column to the first quarter of 2020.

SIGNATURE

OFFICER NAME (Please print) _____ OFFICER SIGNATURE _____

OFFICER TITLE _____ DATE _____

Rev. 10/28/19

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