This form may be electronically filed and paid at www.columbustax.net

Form **IT-15**

City of Columbus, Income Tax Division

Employer's Deposit of Income Tax Withheld

Date(s) Wages Paid

EIN/FID Number _____ **-W**

Employer Name _____

Address _____

City _____ State ____ Zip Code _____

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

Columbus Tax payment **01** $ _____

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

Rev. 10/28/19

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