Form **IT-11J**

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

Employer's Quarterly Return of City Tax Withheld

ACCOUNT INFORMATION

EIN/FID Number _____ **-WJ**

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

TAX YEAR _____ QUARTER _____

Check this box if **AMENDED** ☐

Should this account be inactivated? ☐ YES ☐ NO

IF YES, please explain _____

Effective date _____

WITHHOLDING DUE

CITIES	QUALIFIED WAGES	TAX RATE	TAX DUE	PENALTY DUE	INTEREST DUE	LATE CHARGE	TOTAL DUE	LESS PRIOR PAYMENT	NET DUE
				SEE INSTRUCTIONS					
20 North Pickaway County JEDD		2.5%							
22 Prairie Township JEDD		2.5%							
24 Madison Township JEDD		2.5%							
						TOTAL			*

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

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

- **It is the employer's responsibility to determine the required frequency of depositing withholding based on the withholding amounts. See IT-11J Instructions for details.**
- **This return must be filed even if no wages were paid during the quarter.**
- **This form MUST accompany your tax payment.**

SIGNATURE

OFFICER NAME (Please print) _____

OFFICER SIGNATURE _____

OFFICER TITLE _____

DATE _____

For Tax Office Use:

Rev. 01/17/2020

Print Form Reset Form