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

Reconciliation of Quarterly Returns of Income Tax Withheld From Wages

For Calendar Year **2011**

EIN/FID NUMBER

Your name, address and employer's identification number, if printed above, are as they appear on our records. Make corrections where necessary.

- 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 less than $1.00).
- A late filing fee may be assessed for failure to file this return by February 29th. Returns received by March 1st will be considered timely filed.
- Complete and retain Taxpayer's Copy.

CITY NAME	NUMBER OF W-2s (Records)	City tax liability from wages as shown by "Employer's Quarterly Return of Tax Withheld" (Form IT-11).					WITHHOLDING PER EMPLOYEES' W-2s	DIFFERENCE BETWEEN IT-11s AND W-2s
		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL WITHHOLDING PER IT-11s		
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.

NAME OF OFFICER (Please Print)

SIGNATURE OF OFFICER

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
W-2/IT-13 Section
50 W. Gay Street, 4th Floor
Columbus, Ohio 43215-9037

Office Use Only:
E-Media Uploaded on: _____
By: _____

PRINT RESET FORM

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