

Employer's Quarterly Return of City Tax Withheld

EIN/FID Number _____ Employer Name _____ Address _____ City _____ State _____ Zip Code _____	-WJ DUE ON OR BEFORE _____ QUARTER ENDING _____ Check this box if AMENDED <input type="checkbox"/> Should this account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please explain _____ Effective Date _____
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Cities	Qualified Wages	Tax Rate	Tax Due	Penalty Due (see inst.)	Interest Due (see inst.)	Late Charge (see inst.)	Total Due	Less Prior Payment	Net Due
20 North Pickaway County JEDD	_____	2.5%	_____	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	_____	_____	_____
21 Prairie-Obetz JEDZ	_____	2.5%	_____	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	_____	_____	_____
22 Prairie Township JEDD	_____	2.5%	_____	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	_____	_____	_____

TOTAL

**Please do not remit amounts less than
\$1.00**

OFFICER NAME (Please Print) _____

OFFICER SIGNATURE _____

OFFICER TITLE _____

Make checks payable to:
Mail to:

CITY TREASURER
Employer Withholding Tax
PO Box 182489
Columbus, OH 43218-2489

THIS FORM MUST ACCOMPANY YOUR TAX PAYMENT