

Form

# IT-11

City of Columbus, Income Tax Division

## Employer's Quarterly Return of City Tax Withheld

### ACCOUNT INFORMATION

EIN/FID number _____ <b>-W</b> Employer name _____ Address _____ City _____ State _____ Zip code _____	TAX YEAR _____ QUARTER _____ Check this box if <b>AMENDED</b> <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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### WITHHOLDING DUE

CITIES	QUALIFIED WAGES	TAX RATE	TAX DUE	PENALTY DUE	INTEREST DUE	LATE CHARGE	TOTAL DUE	LESS PRIOR PAYMENT	NET DUE
				SEE INSTRUCTIONS					
01 Columbus		2.5%							
88 Alternate Columbus*									
<b>TOTAL</b>									**

\*For additional tax due from residents working in cities with a lower tax rate.

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-11 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: