

Employer's Quarterly Return of City Tax Withheld

ACCOUNT INFORMATION	
EIN/FID number _____ -W Employer name _____ Address _____ City _____ State _____ Zip code _____	TAX YEAR _____ QUARTER _____ 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 _____

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*										
TOTAL									**	

*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