

Withholding Account No.	<b>-WJ</b>	Year	Quarter
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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Special Instructions**

- Submit amended quarterly returns (IT-11Js) if the previous reported tax liability has changed.
- Submit corrected W-2 forms (W-2Cs) if wage and/or withholding information has changed.

**REFUND CLAIMED BY CITY**

North Pickaway County JEDD      20      \_\_\_\_\_

Prairie Township JEDD              22      \_\_\_\_\_

**TOTAL REFUND CLAIMED**      \_\_\_\_\_

Effective January 1, 2019, the City of Columbus will no longer administer income tax for the following municipalities:

**Brice, Canal Winchester, Groveport, Harrisburg, Marble Cliff, Obetz, and Prairie-Obetz JEDZ.**

Please visit [www.columbusax.net](http://www.columbusax.net) for information regarding the new administering agencies for these municipalities.

**General Instructions for Form IT-6W**

To avoid delays in the processing of your refund request, be sure that the reason given for your refund request provides sufficient information to enable the Income Tax Division to approve your request. For example, reasons such as "Remitted tax due to the City of Dublin on wages of employees working at 123 Shamrock Lane to Columbus in error" or "Check # 123 written on April 27, 2007 for \$1,234 was sent to Columbus in error. Check #123 should have been mailed to the State of Ohio" are informative enough to avoid processing delays. A reason such as "overpaid Columbus tax" is not.

Attach any supporting documentation to the back of this form that you feel will be helpful in processing your refund. For example, if you remitted tax to us that should have been remitted to another government agency, attach a copy of the return or payment coupon for that other agency that matches the amount of your refund claim.

**Refunds must be greater than \$10.00.**

Payroll Services filing on behalf of a client must attach a valid power of attorney to the refund claim. Questions? Call (614) 645-8368.

**Reason for Refund**

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Officer's name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Officer's Telephone Number

Mail to: Columbus Income Tax Division  
PO Box 182489  
Columbus, OH 43218-2489