

Form **IT-11J** City of Columbus, Income Tax Division
 Joint Economic Development District (JEDD)
Employer's Quarterly Return of City Tax Withheld

ACCOUNT INFORMATION	
EIN/FID Number _____ -WJ 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					
20 North Pickaway County JEDD		2.5%							
22 Prairie Township JEDD		2.5%							
24 Madison Township JEDD		2.5%							
Make checks payable to: CITY TREASURER Mail to: Employer Withholding Tax PO Box 182489 Columbus, OH 43218-2489							TOTAL		*

*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-11J 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: