

# 2024

This form may be electronically filed and paid at [crisp.columbus.gov](http://crisp.columbus.gov)

City of Columbus, Income Tax Division

## Form **IT-11** Employer's Quarterly Return of City Tax Withheld

### ACCOUNT INFORMATION

Account ID <b>WTH-</b> _____	TAX YEAR _____	QUARTER _____
FEIN _____	Check this box if <b>AMENDED</b> <input type="checkbox"/>	
Employer name _____	Should this account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address _____	IF YES, please explain _____	
City _____ State _____ Zip code _____	Effective date _____	

### WITHHOLDING DUE

CITY	QUALIFIED WAGES	TAX RATE	TAX DUE
01 Columbus		2.5%	
88 Alternate Columbus*			

1. TOTAL TAX DUE ..... <small>*For additional tax due from residents working in cities with a lower tax rate.</small>		1
2. LESS PRIOR PAYMENT.....	2	
3. <b>TOTAL NET AMOUNT DUE</b> (PLEASE DO NOT REMIT AMOUNTS OF \$10.00 OR LESS).....		3

Make checks payable to: **CITY TREASURER**  
 Mail to: Employer Withholding Tax  
 PO Box 182489  
 Columbus, OH 43218-2489

- 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.
- The Payroll Schedule must be completed on Page 2.

### SIGNATURE

OFFICER NAME (Please print) \_\_\_\_\_

OFFICER SIGNATURE \_\_\_\_\_

OFFICER TITLE \_\_\_\_\_

DATE \_\_\_\_\_

