Form **IT-11J**

City of Columbus, Income Tax Division
Joint Economic Development District/Zone (JEDD/JEDZ)

Employer's Quarterly Return of City Tax Withheld

EIN/FID Number _____ **-WJ**

Employer Name _____

Address _____

City _____ State ____ Zip Code _____

DUE ON OR BEFORE _____ QUARTER ENDING _____

Check this box if **AMENDED** ☐

Should this account be inactivated? ☐ YES ☐ NO

IF YES, please explain _____

Effective Date _____

Cities	Qualified Wages	Tax Rate	Tax Due	Penalty Due (see inst.)	Interest Due (see inst.)	Late Charge (see inst.)	Total Due	Less Prior Payment	Net Due
20 North Pickaway County JEDD		2.5%							
21 Prairie-Obetz JEDZ		2.0%							
22 Prairie Township JEDD		2.5%							
TOTAL									

Please do not remit amounts less than $1.00

OFFICER NAME (Please Print) _____

OFFICER SIGNATURE _____

OFFICER TITLE _____

Print Form Reset Form

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

THIS FORM MUST ACCOMPANY YOUR TAX PAYMENT

Rev. 10/1/12