Form **IT-11J**

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

Employer's Quarterly Return of City Tax Withheld

EIN/FID NUMBER

DUE ON OR BEFORE	QUARTER ENDING

Employer Name and Address:
Please submit Form IT-9 for address changes.

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)		2.0%*							

*Income earned on or after 10/1/2009 should be taxed at the 2.5% tax rate (see instructions).

TOTAL

Please do not remit amounts less than $1.00

This return must be filed even though no wages were paid or a tax liability incurred during the quarter.

OFFICER NAME (Please Print)

OFFICER SIGNATURE

OFFICER TITLE

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

THIS FORM MUST ACCOMPANY YOUR TAX PAYMENT

Rev. 9/3/09