

Reconciliation of Quarterly Returns of Income Tax Withheld From WagesFor Calendar Year **2009**

EIN/FID NUMBER

Your name, address and employer's identification number, if printed above, are as they appear on our records. Make corrections where necessary.

- Attach W-2's or Magnetic Media (CD etc.) to the back of this return. Visit **www.columbustax.net** for our "Magnetic Media" filing requirements or call the Withholding Section at (614) 645-8368.
- Do not enclose quarterly returns with this form. Mail quarterly returns separately.
- This annual reconciliation does not substitute for the filing of quarterly returns.
- Attach check (if any) to the front of this return. (Do not remit amounts less than \$1.00.)
- A late filing fee may be assessed for failure to file this return by February 28th. Returns received by March 2nd will be considered timely filed.
- Complete and retain Taxpayer's Copy.

CITY NAME	NUMBER OF W-2'S (Records)	City tax liability from wages as shown by "Employer's Quarterly Return of Tax Withheld" (Form IT-11J).					WITHHOLDING PER EMPLOYEES' W-2'S	DIFFERENCE BETWEEN IT-11'S AND W-2'S
		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL WITHHOLDING PER IT-11'S		
North Pickaway County JEDD								
TOTALS								

NAME OF OFFICER (Please Print)

SIGNATURE OF OFFICER

OFFICER TITLE

DATE

NOTE: Explain any discrepancy shown in the "Difference Between IT-11J's and W-2" column on the reverse side of this form. If you calculate an amount owed, attach a check to the front of this form. File the original of this form and W-2's with:

**Columbus Income Tax Division
W-2/IT-13 Section
50 W. Gay Street, 4th Floor
Columbus, Ohio 43215-9037**

Office Use Only:

E-Media Uploaded on: _____

By: _____