

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 |
|---|-----------------|----------|---------|-------------------------|--------------------------|-------------------------|-----------|--------------------|---------|
| North 20 Pickaway County (JEDD) | | 2.5% | | | | | | | |
| Prairie- 21 Obetz (JEDZ) | | 2.0% | | | | | | | |
| Prairie 22 Township (JEDD) | | 2.5% | | | | | | | |
| TOTAL | | | | | | | | | |

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

Please do not remit amounts less than \$1.00

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