

# Employer's Quarterly Return of City Tax Withheld

EIN/FID NUMBER

Employer Name and Address:



Check this box if **AMENDED**

Should this account be inactivated?  YES  NO

If YES, please explain \_\_\_\_\_ Effective date \_\_\_\_\_

Please submit Form IT-9 for address changes.

| CITIES                             | QUALIFIED WAGES | TAX RATE | TAX DUE | PENALTY DUE<br>(See Inst.) | INTEREST DUE<br>(See Inst.) | LATE CHARGE<br>(See Inst.) | TOTAL DUE | LESS PRIOR PAYMENT | NET DUE |
|------------------------------------|-----------------|----------|---------|----------------------------|-----------------------------|----------------------------|-----------|--------------------|---------|
| 01 COLUMBUS                        |                 | 2.0%     |         |                            |                             |                            |           |                    |         |
| 09 GROVEPORT                       |                 | 2.0%     |         |                            |                             |                            |           |                    |         |
| 10 OBETZ                           |                 | 2.0%     |         |                            |                             |                            |           |                    |         |
| 11 CANAL WINCHESTER                |                 | 2.0%     |         |                            |                             |                            |           |                    |         |
| 13 MARBLE CLIFF                    |                 | 2.0%     |         |                            |                             |                            |           |                    |         |
| 14 BRICE                           |                 | 1.0%     |         |                            |                             |                            |           |                    |         |
| 16 HARRISBURG                      |                 | 1.0%     |         |                            |                             |                            |           |                    |         |
| 88 ALT. COLUMBUS<br>(courtesy)     |                 |          |         |                            |                             |                            |           |                    |         |
| 89 ALT. GROVEPORT<br>(courtesy)    |                 |          |         |                            |                             |                            |           |                    |         |
| 90 ALT. OBETZ<br>(courtesy)        |                 |          |         |                            |                             |                            |           |                    |         |
| 91 ALT. CANAL WIN.<br>(courtesy)   |                 |          |         |                            |                             |                            |           |                    |         |
| 93 ALT. MARBLE CLIFF<br>(courtesy) |                 |          |         |                            |                             |                            |           |                    |         |
| <b>TOTAL</b>                       |                 |          |         |                            |                             |                            |           |                    |         |

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 and Form IT-15 may be electronically filed and paid at [www.columbustax.net](http://www.columbustax.net)**

OFFICE USE ONLY

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

**THIS FORM MUST ACCOMPANY YOUR TAX PAYMENT**