Employer's Claim for Refund of Withholding Tax Tax

	70
ax Year	ZU

Withholding Account No.		-W	Year		Quarter			
Name			Special Instructions • Submit amended quarterly returns (IT-11s) if the					
Address			prev	vious reported	I tax liability has	changed.		
City	State Zip Code		 Submit corrected W-2 forms (W-2Cs) if wage and/or withholding information has changed. 					
REFUND	CLAIMED BY CITY		Gene	ral Instru	ctions for F	orm IT-6W		
Columbus (Work City)	01		request, l	be sure that t	the processing he reason given	for your refund		
Alt Columbus (Resident	City) 88		Income	Γax Division	cient information to approve you ch as "Remitted	r request. For		
TOTAL REFUND CLAIM	/IED		Shamroc 123 writte Columbu mailed to	k Lane to Co en on April 2 s in error. (the State of	es of employees olumbus in erro 7, 2007 for \$1,2 Check #123 sho Ohio" are inform	or" or "Check # 234 was sent to ould have been ative enough to		
Effective January 1, 2019, the Cit tax for the following municipalities	y of Columbus will no longer administer incom :	е		cessing delays tax" is not.	ys. A reason su	ch as "overpaid		
Brice, Canal Winchester, Grove Prairie-Obetz JEDZ.	eport, Harrisburg, Marble Cliff, Obetz, and				documentation will be helpfu			
Please visit www.columbustax.net for information regarding the new administering agencies for these municipalities.			your refund. For example, if you remitted tax to us that should have been remitted to another government agency, attach a copy of the return or payment coupon for that other agency that matches the amount of your refund claim. Payroll Services filing on behalf of a client must attach a valid power of attorney to the refund claim.					
			Question	s? Call (614)	645-8368.			
	Reason	for Re	fund					
Officer's Signature	Officer's name (P	Officer's name (Please Print)			Date			
Officer's Title	Officer's Telephor	Officer's Telephone Number			Mail to: Columbus Income Tax Division PO Box 182489 Columbus, OH 43218-2489			