IT-6W City of Columbus, Income Tax Division Employer's Claim for Refund of Withholding Tax Tax Year 2016

Withholding Account No.		-W	Year		Quarter		
Name			• \$1	-	al Instruction		
Address			 Submit amended quarterly returns (IT-11s) if the previous reported tax liability has changed. Submit corrected W-2 forms (W-2Cs) if wage and/or withholding information has changed. 				
City State Zip Code							
REFUND	CLAIMED BY CITY				ctions for F		
Columbus (Work City)	01		request	, be sure that t	he reason giver	of your refund for your refund n to enable the	
Alt Columbus (Resident	City) 88		Income	Tax Division	to approve you	r request. For tax due to the	
TOTAL REFUND CLAIMED				City of Dublin on wages of employees working at 123 Shamrock Lane to Columbus in error" or "Check # 123 written on April 27, 2007 for \$1,234 was sent to Columbus in error. Check #123 should have been mailed to the State of Ohio" are informative enough to			
Effective January 1, 2019, the Cit tax for the following municipalities	y of Columbus will no longer adminis ::	ter income		rocessing delayous tax" is not.	/s. A reason su	ıch as "overpaid	
Brice, Canal Winchester, Groveport, Harrisburg, Marble Cliff, Obetz, and Prairie-Obetz JEDZ.			Attach any supporting documentation to the back of this form that you feel will be helpful in processing your refund. For example, if you remitted tax to us				
Please visit <u>www.columbustax.ne</u> agencies for these municipalities.	t for information regarding the new a	dministering	that s governi paymer	hould have ment agency, a	been remitte attach a copy o hat other agend	d to another of the return or cy that matches	
			Refund	ls must be gre	ater than \$10.0	0.	
			a valid		ttorney to the	ient must attach refund claim.	
	Rea	son for Re	fund				
Officer's Signature Officer's name (Please Pri		int)	t) Date				
Officer's Title	Officer's To	Officer's Telephone Numbe			Mail to: Columbus Income Tax Division PO Box 182489 Columbus, OH 43218-2489		