

Form

IT-11 City of Columbus, Income Tax Division Employer's Quarterly Return of City Tax Withheld

ACCOUNT INFORMATION

EIN/FID Number _____ -W Employer Name _____ Address _____ City _____ State _____ Zip Code _____	DUE ON OR BEFORE _____ QUARTER ENDING _____ Check this box if AMENDED <input type="checkbox"/> Should this account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please explain _____ Effective Date _____
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WITHHOLDING DUE

CITIES	QUALIFIED WAGES	TAX RATE	TAX DUE	PENALTY DUE	INTEREST DUE	LATE CHARGE	TOTAL DUE	LESS PRIOR PAYMENT	NET DUE
				SEE INSTRUCTIONS					
01 Columbus		2.5%							
88 Alternate Columbus*									
TOTAL									**

*For additional tax due from residents working in cities with a lower tax rate.

Make checks payable to: **CITY TREASURER**
 Mail to: Employer Withholding Tax
 PO Box 182489
 Columbus, OH 43218-2489

**Please do not remit amounts of \$10.00 or less.

- It is the employer's responsibility to determine the required frequency of depositing withholding based on the withholding amounts. See IT-11 Instructions for details.
- This return must be filed even if no wages were paid during the quarter.
- This form **MUST** accompany your tax payment.

SIGNATURE

OFFICER NAME (Please print)

OFFICER SIGNATURE

OFFICER TITLE

DATE