## **IT-13** City of Columbus, Income Tax Division Reconciliation of Quarterly Returns of Income Tax Withheld From Wages

ACCOUNT INFO	RMATION								
EIN/FID Number  Employer Name  Address	Employer Name				<ul> <li>Attach W-2s or Magnetic Media (CD etc.) to the back of this return. Visit <i>www.columbustax.net</i> for our <i>"Magnetic Media"</i> filing requirements or call the Withholding Section at (614) 645-8368.</li> <li>Do not enclose quarterly returns with this form. Mail quarterly returns separately.</li> <li>This annual reconciliation does not substitute for the filing of quarterly returns.</li> <li>Attach check (if any) to the front of this return. <b>Do not</b></li> </ul>				
 City		State	Zip Cod	e	<ul> <li>A late filing fe return by the</li> </ul>	Its of \$10.00 or e may be asses last day of Febru m and retain a co	sed for failure to Jary.	file this	
WITHHOLDING									
		City tax							
								DIFFERENCE	

L								
CITY NAME	NUMBER OF W-2's (RECORDS)	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL WITHHOLDING PER IT-11's	WITHHOLDING PER EMPLOYEES' W-2's	DIFFERENCE BETWEEN IT-11's AND W-2's*
Columbus								
Alternate Columbus**								
* For additional tax	due from resid	lents working in citi	es with a lower tax	rate.	TOTAL			***

Mail this original form and all W-2s to: Columbus Income Tax Division W-2/IT-13 Section PO Box 182437 Columbus, Ohio 43218-2437

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

\*Please explain any discrepancy shown in the above "Difference Between IT-11s and W-2s" column if applicable:

Check this box to authorize the transfer of any overpayment shown in the "Difference Between IT-11s and W-2s" column to the first quarter of 2019.

SIGNATURE

OFFICER NAME (Please print)

OFFICER SIGNATURE

OFFICER TITLE

DATE