

Form **IT-15**

City of Columbus, Income Tax Division

**Employer's Deposit of Income Tax Withheld**

EIN/FID Number \_\_\_\_\_ **-W**

Date Wages Paid \_\_\_\_\_

Employer Name \_\_\_\_\_

Year and quarter to which this payment is to be applied → Tax Year \_\_\_\_\_ Quarter \_\_\_\_\_

Address \_\_\_\_\_

Columbus Tax payment **01** \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Rev. 10/8/18

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