This form may be electronically filed and paid at www.columbus.gov/IncomeTaxDivision City of Columbus, Income Tax Division Date(s) Wages Paid **EIT-15 Employer's Deposit of Income Tax Withheld** -W EIN/FID Number **Employer Name** Year and quarter to Tax Year Quarter which this payment Address is to be applied Columbus Tax City State Zip Code payment Make checks payable to: **CITY TREASURER** Mail to: **Employer Withholding Tax** PO Box 182489 Rev. 09/29/2020 Columbus, OH 43218-2489 This form may be electronically filed and paid at www.columbus.gov/IncomeTaxDivision City of Columbus, Income Tax Division Date(s) Wages Paid **Employer's Deposit of Income Tax Withheld** -W **EIN/FID Number Employer Name** Year and quarter to Tax Year Quarter which this payment Address is to be applied Columbus Tax City State Zip Code 01 payment Make checks payable to: CITY TREASURER Mail to: **Employer Withholding Tax** PO Box 182489 Rev. 09/29/2020 Columbus, OH 43218-2489 This form may be electronically filed and paid at www.columbus.gov/IncomeTaxDivision City of Columbus, Income Tax Division Date(s) Wages Paid **IT-15 Employer's Deposit of Income Tax Withheld** -W EIN/FID Number **Employer Name** Year and quarter to Tax Year Quarter which this payment Address is to be applied

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Columbus Tax

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