

Employer's Deposit of Income Tax Withheld

EIN/FID Number _____ **-WJ**

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Make checks payable to: **CITY TREASURER**
Mail to: Employer Withholding Tax
PO Box 182489
Columbus, OH 43218-2489
Rev. 09/26/18

Date Wages Paid

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

North Pickaway County JEDD 20 _____

Prairie Township JEDD 22 _____

TOTAL - ALL CITIES \$ _____

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