2024

### This form may be electronically filed and paid at crisp.columbus.gov

City of Columbus, Income Tax Division

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

ACCOUNT INFORMATION				
Account ID WTH-			TAX YEAR	QUARTER
FEIN			Check this box if <b>AMEND</b> Should this account be ina	
Employer name			IF YES, please explain	
Address			Effective date	
City	State	Zip code		

WITHHOLDING DUE					
CITY	QUALIFIED WAGES	TAX RATE		TAX DUE	
01 Columbus		2.5%			
88 Alternate Columbus*					
1. TOTAL TAX DUE*For additiona	1				
2. LESS PRIOR PAYMENT 2					
3. TOTAL NET AMOUNT DUE (PLEA	3				

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

- 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** 

Employer name:

FEIN

## PAYROLL SCHEDULE

This Payroll Schedule must be completed and filed with your Form IT-11 for the quarter. The Payroll Schedule does not substitute for the quarterly IT-11 return.

**DATE WAGES PAID COLUMN:** List every date on which compensation was paid to your employees during the quarter of this return. *Attach additional pages if needed.* 

**COLUMBUS TAX WITHHELD COLUMN:** For each payroll date, enter the total of Columbus tax required to be withheld on employees' Qualifying Wages, plus any withheld as a courtesy based on residency.

Total withholding from the Payroll Schedule MUST match the total tax due on Page 1 of the IT-11 quarterly return.

DATE WAGES PAID	COLUMBUS TAX WITHHELD
TOTAL	