Form **IT-11**

City of Columbus, Income Tax Division

Employer's Quarterly Return of City Tax Withheld

EIN/FID NUMBER

Employer Name and Address:

DUE ON OR BEFORE

QUARTER ENDING

Check this box if **AMENDED**

Should this account be inactivated? YES NO

If **YES**, please explain _____ Effective date _____

Please submit Form IT-9 for address changes.

CITIES	QUALIFIED WAGES	TAX RATE	TAX DUE	PENALTY DUE (See Inst.)	INTEREST DUE (See Inst.)	LATE CHARGE (See Inst.)	TOTAL DUE	LESS PRIOR PAYMENT	NET DUE
01 COLUMBUS		2.5%							
09 GROVEPORT		2.0%							
10 OBETZ		2.0%							
11 CANAL WINCHESTER		2.0%							
13 MARBLE CLIFF		2.0%							
14 BRICE		2.0%							
16 HARRISBURG		1.0%							
88 ALT. COLUMBUS (courtesy)									
89 ALT. GROVEPORT (courtesy)									
90 ALT. OBETZ (courtesy)									
91 ALT. CANAL WIN. (courtesy)									
93 ALT. MARBLE CLIFF (courtesy)									
94 ALT. BRICE (courtesy)									
						TOTAL			

Please do not remit amounts less than $1.00

OFFICER NAME (Please Print) OFFICER SIGNATURE OFFICER TITLE

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

This form and Form IT-15 may be electronically filed and paid at *www.columbustax.net*

This return must be filed even though no wages were paid or a tax liability incurred during the quarter.

THIS FORM MUST ACCOMPANY YOUR TAX PAYMENT

Rev. 9/29/09