

2024

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

Form **IT-11** City of Columbus, Income Tax Division

Employer's Quarterly Return of City Tax Withheld

ACCOUNT INFORMATION

Account ID WTH- _____	TAX YEAR _____	QUARTER _____
FEIN _____	Check this box if AMENDED <input type="checkbox"/>	
Employer name _____	Should this account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address _____	IF YES, please explain _____	
City _____ State _____ Zip code _____	Effective date _____	

WITHHOLDING DUE

CITY	QUALIFIED WAGES	TAX RATE	TAX DUE
01 Columbus		2.5%	
88 Alternate Columbus*			

1. TOTAL TAX DUE <small>*For additional tax due from residents working in cities with a lower tax rate.</small>		1
2. LESS PRIOR PAYMENT.....	2	
3. TOTAL NET AMOUNT DUE (PLEASE DO NOT REMIT AMOUNTS OF \$10.00 OR LESS).....		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 _____

DATE _____

