Employer's Payment of Ohio Tax Withheld, Form IT 501

Please cut on the dotted lines – DO NOT USE PENCIL to complete this form.

Employer's Payment of Ohio Tax Withheld **OHIO IT 501** **Do NOT fold check or voucher.**

Ohio Withholding Acct. No.	Federal Employer I.D. No.	Month	Year

Name	Due on or before:	Filing status:
Address		
City, state, ZIP code		

1. Ohio tax withheld $, , .
2. TOTAL DUE $, , .

I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and report.

Signature of responsible party Title

Social Security number Telephone number

DO NOT STAPLE OR OTHERWISE ATTACH YOUR CHECK OR CHECK STUB TO THIS COUPON. DO NOT SEND CASH. Return this coupon with check or money order made payable to **OHIO TREASURER OF STATE** and mail to OHIO DEPARTMENT OF TAXATION, P.O. BOX 347, COLUMBUS, OHIO 43216-0347.

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