

Ohio Withholding Account #

Federal Employer's ID #

Mo. Yr.

For Departmental Use Only
 471100 INTERNET

Name
 Number and Street
 City, State and Zip Code
 Due on or Before Filing Status

Dollars Cents
 1. Ohio Tax Withheld , , .
 2. Adjustment from Prev. Period , , .
 3. Amount of This Payment , , .

Make Check Payable to the **Treasurer of State of Ohio** and mail to:
Ohio Dep't. of Taxation, P.O. Box 347, Columbus, Ohio 43216-0347

Signature of Responsible Party Title Phone#
 Your Social Security Number Date

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 , , .

INDICATE CHANGES OR ADDITIONS ONLY

THIS IS THE REVERSE SIDE OF FORM IT-501. YOU MUST COMPLETE AND ATTACH THIS TO THE FRONT SIDE IF YOU :
1) WENT OUT OF BUSINESS, OR
2) MERGED, OR
3) HAD ADJUSTMENTS

1. Out of Business* Effective Date: _____
 * Note: You must file Form IT-941 within 15 days of the effective date.
 2. Merged Effective Date: _____
 Survivor's Name _____
 Survivor's Ohio Withholding Acc't. # _____
 Will You Reconcile Now Or With Survivor
 3. Explanation of Adjustments: _____

INSTRUCTIONS FOR COMPLETING THE FRONT OF EMPLOYER WITHHOLDING FORM IT-501

To complete Form IT-501 you must enter the following information in the space provided:

1. Business name and address (including city, state and zip code)
2. Ohio Withholding Account Number
3. Federal Employer Identification Number (FEIN)
4. A two-digit month and year for the period you are paying for (i.e. 0898 would mean August, 1998)

In addition, applicable amounts must be shown in the boxes next to lines 1, 2 and 3. This information should be recorded for use later in the year to complete Form IT-941, the Annual Reconciliation.

- 1. Ohio Tax Withheld** Box 1-enter the amount of Ohio income taxes withheld for the period.
- 2. Adjustment from previous period** Box 2 may reflect a positive or negative amount. A positive adjustment may be due to taxes withheld for a prior period but remitted now. A negative adjustment would be to take credit for a previous overpayment (negative amount in brackets). Enter the result in the boxes next to line 2.
- 3. Amount of This Payment** Box 3- enter the amount due.

please cut on dotted lines

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