Instructions for IT 3

1. **When to File** – Form IT 3 and Forms IT 2, Combined W-2 or 1099R must be filed no later than February 28 or no later than 60 days after discontinuation of business.

2. An adding machine tape or electronic media must be sent with this return showing how you obtained the total Ohio Income Tax liability (enter this total on line 3) and the total Ohio School District Income Tax liability (enter this total on line 4). If you are submitting an electronic version in lieu of Forms IT-2, Combined W-2 or 1099R, you must obtain the correct format by writing the Ohio Department of Taxation, Information Services Division, Attn: Integrated Business Tax, 1320 Arthur E. Adams Drive, Columbus, OH 43221-3560. We are currently accepting 3480 18-track tape cartridges or 3½" diskettes. Electronic format information is also available on the Department's web site at ***www.tax.ohio.gov***.

3. **Mailing of IT-3 and Attached IT-2's, Combined W-2's or 1099R** – Large numbers of Forms IT-2, Combined W-2 or 1099R may be forwarded in packages of convenient size. If sending more than one package, please indicate by the employer's name the number of packages that have been sent. All packages should be addressed to the Ohio Department of Taxation, P.O. Box 182667, Columbus, OH 43218-2667.

State of Ohio
Department of Taxation
P.O. Box 182667, Columbus, Ohio 43218-2667

IT-3
(Rev. 11/04)

Tax Year

Transmittal of Wage and Tax Statements
Do Not Mail a Remittance with this Form.

Ohio Withholding Acct. No.

Federal Employer ID No.

Name

Address

City, State, Zip Code

1. Number of Tax Statements attached (Form IT-2, Combined W-2 or 1099R)
2. If magnetic tape is enclosed, check here.
3. Enter total Ohio Income Tax liability for Forms IT-2, Combined W-2, 1099R or magnetic tape.
4. Enter total Ohio School District Income tax liability for Forms IT-2, Combined W-2, 1099R, or magnetic tape.

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 **Social Security No.**

Title **Date**