EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before February 15 For Period JAN Tax Year

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID #

Village of Beach City

Income Tax Department

PO Box 277

Beach City, Ohio 44608

Total Compensation Paid This Period 1. \$_ 2. Total Withheld This Period \$___ 3. Adjustments to prior returns \$ 4. Penalty and/or Interest \$_____ 5. Total \$ Make check or money order payable to: Village of Beach City

I hereby certify that the information and statements contained herein are true and correct.

(signed)___

(Official Title)

Date

| Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608 | EMPLOYER'S MON | ITHLY RETURN OF INCOME TA Due on o | AX WITHHELD r Before March 15 For Period FEB Tax Year |
|--|--------------------|--|--|
| Notify Income Tax Department promptly of any change in ownersh | nip or name and 1. | Total Compensation Paid This Period | \$ |
| address shown below. | 2. | Total Withheld This Period | \$ |
| Account Number # | 3. | Adjustments to prior returns | \$ |
| Fed. ID # | 4. | Penalty and/or Interest | \$ |
| | 5. | Total | \$ |
| | Mał | ke check or money order payable to: Village of Beach City | |
| | l hereby c | ertify that the information and statements contained he | rein are true and correct. |
| | (signed |) | |
| | (Officia | al Title) | |
| | | | Date |
| | | | |
| | | | |
| | | | |
| | | | |

| | EMPLOYER'S | MONTHLY | RETURN O | F INCOME | ΤΑΧ | WITHHELD |
|--|-------------------|---------|----------|----------|-----|----------|
|--|-------------------|---------|----------|----------|-----|----------|

| PO Box 277 Beach City, Ohio 44608 | | Due on | For Period MAR Tax Year |
|--|----------|---|-----------------------------|
| Notify Income Tax Department promptly of any change in ownership or name and | 1. | Total Compensation Paid This Period | \$ |
| ddress shown below. | 2. | Total Withheld This Period | \$ |
| Account Number # | | Adjustments to prior returns | \$ |
| red. ID # | 4. | Penalty and/or Interest | \$ |
| | 5. | Total | \$ |
| | Mał | e check or money order payable to: Village of Beach City | |
| | | ertify that the information and statements contained h | erein are true and correct. |
| | (signed) |) | |
| | (Officia | al Title) | |

Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608

____ April 15

Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before May 15 For Period APR Tax Year

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID #

| 1. | Total Compensation Paid This Period | \$ |
|------|---|----|
| 2. | Total Withheld This Period | \$ |
| 3. | Adjustments to prior returns | \$ |
| 4. | Penalty and/or Interest | \$ |
| 5. | Total | \$ |
| Make | e check or money order payable to: Village of Beach City | |

I hereby certify that the information and statements contained herein are true and correct.

(signed)_____

(Official Title)

Date

| ch City artment 7 9 44608 | EMPLOYER'S N | NON | THLY RETURN OF INCOME TA Due on o | AX WITHHELD or Before June 15 For Period MAY Tax Year |
|---|---------------|----------|---|--|
| nent promptly of any change in ownership | o or name and | 1. | Total Compensation Paid This Period | \$ |
| | | 2. | Total Withheld This Period | \$ |
| | | 3. | Adjustments to prior returns | \$ |
| | | 4. | Penalty and/or Interest | \$ |
| | | 5. | Total | \$ |
| | | Make | e check or money order payable to: Village of Beach City | |
| | I he | ereby ce | rtify that the information and statements contained he | rein are true and correct. |
| | (s | igned) | | |
| | (0 | Official | l Title) | |
| | | | | Date |
| | | | | |
| | | | | |
| | | | | |

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

| PO Box 277 Beach City, Ohio 44608 | | 240 | For Period JUN Tax Year |
|--|-------------|---|--------------------------------|
| Notify Income Tax Department promptly of any change in ownership or name and | 1. | Total Compensation Paid This Peri | od \$ |
| ddress shown below. | 2. | Total Withheld This Period | \$ |
| Account Number # | 3. | Adjustments to prior returns | \$ |
| Fed. ID # | 4. | Penalty and/or Interest | \$ |
| | 5. | Total | \$ |
| | Mak | e check or money order payable to: Village of Beach City | |
| | I hereby ce | ertify that the information and statements containe | d herein are true and correct. |
| | (signed) | | |
| | (Officia | l Title) | |

Village of Beach City Income Tax Departme PO Box 27 Beach City, Ohio

Notify Income Tax Departm address shown below.

Account Number # Fed. ID #

Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608

Due on or Before July 15

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608

Due on or Before August 15 For Period JUL Tax Year

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID #

| 1. | Total Compensation Paid This Period | \$ |
|------|---|----|
| 2. | Total Withheld This Period | \$ |
| 3. | Adjustments to prior returns | \$ |
| 4. | Penalty and/or Interest | \$ |
| 5. | Total | \$ |
| Make | e check or money order payable to: Village of Beach City | |

I hereby certify that the information and statements contained herein are true and correct.

(signed)____

(Official Title)

Date

| Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608 | EMPLOYER'S MON | ITHLY RETURN OF INCOME TA Due on or Befo | X WITHHELD ore September 15 For Period AUG Tax Year |
|--|-------------------|--|--|
| Notify Income Tax Department promptly of any change in ownership | ip or name and 1. | Total Compensation Paid This Period | \$ |
| address shown below. | 2. | Total Withheld This Period | \$ |
| Account Number # | 3. | Adjustments to prior returns | \$ |
| Fed. ID # | 4. | Penalty and/or Interest | \$ |
| | 5. | Total | \$ |
| | Mał | ke check or money order payable to: Village of Beach City | |
| | I hereby c | ertify that the information and statements contained her | ein are true and correct. |
| | (signed |) | |
| | (Officia | al Title) | |
| | | | Date |
| | | | |
| | | | |

| EMPLOYER'S MONTHLY RETURN OF | FINCOME TAX WITHHELD |
|-------------------------------------|-----------------------------|
| | Due on or Before October 15 |

| | | | For Period SEP Tax Year |
|-------|-------------|---|----------------------------|
| e and | 1. | Total Compensation Paid This Period | \$ |
| | 2. | Total Withheld This Period | \$ |
| | 3. | Adjustments to prior returns | \$ |
| | 4. | Penalty and/or Interest | \$ |
| | 5. | Total | \$ |
| | Make | e check or money order payable to: Village of Beach City | |
| | I hereby ce | rtify that the information and statements contained her | rein are true and correct. |
| | (signed) | | |
| | (Official | Title) | |

Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608

Notify Income Tax Department promptly of any change in ownership or name

Account Number # Fed. ID #

address shown below.

Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before November 15 For Period OCT Tax Year

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID #

| check or money order payable to: | |
|-------------------------------------|---|
| Total | \$ |
| Penalty and/or Interest | \$ |
| Adjustments to prior returns | \$ |
| Total Withheld This Period | \$ |
| Total Compensation Paid This Period | \$ |
| | Total Withheld This Period Adjustments to prior returns Penalty and/or Interest |

I hereby certify that the information and statements contained herein are true and correct.

(signed)____

(Official Title)

Date

| Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608 | EMPLOYER'S MON | THLY RETURN OF INCOME TA Due on or Be | AX WITHHELD fore December 15 For Period NOV Tax Year |
|--|---------------------|---|---|
| Notify Income Tax Department promptly of any change in owners | ship or name and 1. | Total Compensation Paid This Period | \$ |
| address shown below. | 2. | Total Withheld This Period | \$ |
| Account Number # | 3. | Adjustments to prior returns | \$ |
| Fed. ID # | 4. | Penalty and/or Interest | \$ |
| | 5. | Total | \$ |
| | Mak | e check or money order payable to: Village of Beach City | |
| | I hereby ce | ertify that the information and statements contained he | rein are true and correct. |
| | (signed) | <u> </u> | |
| | (Officia | l Title) | |
| | | | Date |
| | | | |
| | | | |
| | | | |

| EMPLOYER'S | MONTHLY | RETURN C | OF INCOME | TAX | WITHHELD |
|-------------------|---------|-----------------|-----------|-----|----------|
| | | | | | |

| PO Box 277 Beach City, Ohio 44608 | | | For Period DEC Tax Year |
|--|-------------|---|-----------------------------|
| Notify Income Tax Department promptly of any change in ownership or name and | 1. | Total Compensation Paid This Period | \$ |
| address shown below. | 2. | Total Withheld This Period | \$ |
| Account Number # | 3. | Adjustments to prior returns | \$ |
| Fed. ID # | 4. | Penalty and/or Interest | \$ |
| | 5. | Total | \$ |
| | Mak | e check or money order payable to: Village of Beach City | |
| | I hereby ce | ertify that the information and statements contained he | erein are true and correct. |
| | (signed) |) | |
| | (Officia | ll Title) | |

Village of Beach City Income Tax Department PO Box 277 Beach City, Ohio 44608

Due on or Before January 15

RECONCILIATION OF VILLAGE INCOME TAX WITHHELD FROM WAGES

| 1. | Total number of employees as represented by | | |
|---|--|--|--|
| | Forms W-2 submitted herewith | | |
| 2. | Total Village Income Tax withheld from wages | | |
| | during as shown by employee's statement | | |
| | (Form W-2)\$ | | |
| Acct Num # | | | |
| Fed. ID # | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Notify Income Tax Department promotily of any change in ownership or name | | | |

| Notify Income Tax Department promptly | of any change in ownership or name |
|---------------------------------------|------------------------------------|
| and address shown above. | |

Who Must File:

Each employer within **Beach City**, Ohio, who employs one or more persons is required to withhold the tax of one percent (1%) from all compensation paid taxable employees at the time such compensation is paid, and to file Form EQR and remit tax to the Village Income Tax Dept. on or before the last day of the month next following the guarterly period in which the withholding deduction was made.

| 3. | Total Village Income Tax Withheld during | , for: (Form EQR) |
|----|--|-------------------|
| | Quarter ended March 31, | \$ |
| | Quarter ended June 30, | \$ |
| | Quarter ended September 30, | \$ |
| | Quarter ended December 31, | \$ |
| 4. | TOTAL | \$ |
| 5. | Difference between Lines 2 & 4 | \$ |
| | | |

If Line 5 indicates a balance due, the amount thereof should accompany this return; If Line 5 indicates an overpayment, a refund request signed by the employer should be made.

If receipt is desired, return Taxpayer's Copy of this form and enclose self-addressed, stamped envelope.

How to Prepare This Form:

- Line 1 Enter total compensation PAID all taxable employees during the quarter for which return is made. If no compensation was paid during the quarter, so indicate and return Form.
- Line 2 Enter total ACTUAL tax withheld from taxable employees during the quarter for
- Line 3 To adjust current payment of actual tax withheld for underpayment or overpayment in previous quarter.