

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 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 #

- 1. Total Compensation Paid This Period \$ _____
- 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

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Income Tax Department
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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before March 15
For Period FEB
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 \$ _____
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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before April 15
For Period MAR
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 \$ _____
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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 \$ _____
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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before June 15
For Period MAY
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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before July 15
For Period JUN
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 \$ _____
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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**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 \$ _____
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- 5. Total \$ _____

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(Official Title) _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before September 15
For Period AUG
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 \$ _____
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- 5. Total \$ _____

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(Official Title) _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before October 15
For Period SEP
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 \$ _____

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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 #

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments to prior returns \$ _____
- 4. Penalty and/or Interest \$ _____
- 5. Total \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before December 15
For Period NOV
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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

**Due on or Before January 15
For Period DEC
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 \$ _____

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Date

**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 #

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.

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

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

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
 quarterly period in which the withholding deduction was made.

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.