

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

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before April 30<sup>th</sup>  
For Period JAN FEB MAR  
Tax Year

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

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

Account Number #  
Fed. ID #

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 QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before July 31<sup>st</sup>  
For Period APR MAY JUN  
Tax Year

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

- 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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(Official Title) \_\_\_\_\_

Date

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

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before October 31<sup>st</sup>  
For Period JUL AUG SEP  
Tax Year

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

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

Account Number #  
Fed. ID #

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 QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before January 31<sup>st</sup>  
 For Period OCT NOV 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 \$ \_\_\_\_\_

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  
 105 E. Main St  
 Beach City, Ohio 44608

**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).....\$ \_\_\_\_\_

Account Number #  
 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. **Beach City,**

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

**Who Must File:**

Each employer within 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.