

Kalida, Ohio

Form EQR

EMPLOYER'S RETURN OF TAX WITHHELD

Check must accompany form and be received by due date to avoid penalty.

1st Quarter

Taxable Earning paid all Employees subject to Kalida, Ohio, Kalida Income Tax

DOLLARS CENTS

\$

Actual Tax Withheld in quarter for Village Income Tax

\$

Adjustment of Tax for prior quarter (see instructions)

Interest:

Penalty

Total

\$

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

(Signed)

(Official Title)

Date

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

VILLAGE OF KALIDA
Income Tax Department
P.O. Box 495
Kalida, Ohio 45853-0495
(419) 532-3899

MAIL TO:

FOR MONTHS OF JAN FEB MAR

DUE ON OR BEFORE APRIL 15th



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2nd Quarter

Taxable Earning paid all Employees subject to Kalida, Ohio, Kalida Income Tax

DOLLARS CENTS

\$

Actual Tax Withheld in quarter for Village Income Tax

\$

Adjustment of Tax for prior quarter (see instructions)

Interest:

Penalty

Total

\$

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
P.O. Box 495
Kalida, Ohio 45853-0495
(419) 532-3899

MAIL TO:

FOR MONTHS OF APR MAY JUNE

DUE ON OR BEFORE JULY 15th



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3rd Quarter

Taxable Earning paid all Employees subject to Kalida, Ohio, Kalida Income Tax

DOLLARS CENTS

\$

Actual Tax Withheld in quarter for Village Income Tax

\$

Adjustment of Tax for prior quarter (see instructions)

Interest:

Penalty

Total

\$

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

(Signed)

(Official Title)

Date

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MAKE CHECK OR MONEY ORDER PAYABLE TO:

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Income Tax Department
P.O. Box 495
Kalida, Ohio 45853-0495
(419) 532-3899

MAIL TO:

FOR MONTHS OF JUL AUG SEP

DUE ON OR BEFORE OCTOBER 15th

EMPLOYER'S RETURN OF TAX WITHHELD

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Table with columns for Taxable Earning, Actual Tax Withheld, Adjustment of Tax, Interest, Penalty, and Total. Sub-columns for DOLLARS and CENTS.

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

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

MAIL TO:

VILLAGE OF KALIDA
Income Tax Department
P.O. Box 495
Kalida, Ohio 45853-0495
(419) 532-3899

FOR MONTHS OF
OCT NOV DEC
DUE ON OR BEFORE
JANUARY 15th



VILLAGE OF KALIDA
Income Tax Department
P.O. Box 495
Kalida, Ohio 45853-0495
(419) 532-3899

ANNUAL RECONCILIATION OF VILLAGE INCOME TAX WITHHELD FROM WAGES

DUE ON OR BEFORE THE LAST DAY OF FEBRUARY

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)

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.

Attach all copies of W-2s. Notify Income Tax Department promptly of any change in ownership or name and address shown above.

Who Must File:

Each employer within Village of Kalida 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 15th day of the month next following the quarterly period in which the withholding deduction was made.

and shall be fined not more than \$1,000 or imprisoned for not more than six (6) months, or both. The failure of any taxpayer to receive a return or declaration form shall not excuse him from making a return or declaration or from paying the tax.

Who Must Pay:

All persons must pay village income tax as it may apply in accordance with village ordinances.

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 Kalida, Ohio - Income Tax.
Line 3 To adjust current payment of actual tax withheld for underpayment or overpayment in previous quarter.

Failure to File Return and Pay Tax:

Any taxpayer who shall fail or refuse to make any return or declaration required by the Ordinance, or any taxpayer who shall refuse to pay the tax imposed by the Ordinance, or any taxpayer who shall refuse to permit the administrator to examine his books, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of tax, shall be guilty of a 1st degree misdemeanor