

VILLAGE OF BARNESVILLE, OHIO
Form EQR
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

INSTRUCTIONS FOR PREPARING AND FILING FORM EQR:

Who Must File:

Each employer within the Village of Barnesville, Ohio who employs one or more persons is required to withhold the tax of one percent (1.0%) 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 quarterly period in which the withholding deduction was made.

Failure to File 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 permit the Village Clerk to examine his books, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of such tax, shall be guilty of a misdemeanor and shall be fined not more than \$500. 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.

How to Prepare This Form:

Line 1 – Enter total compensation PAID all taxable employees during quarter for which return is made. If no compensation was paid during the quarter, so indicate and return form EQR.

Line 2 – Enter total ACTUAL tax withheld from taxable employees during the quarter for VILLAGE OF BARNESVILLE, OHIO – INCOME TAX.

Line 3 – To adjust current payment of actual tax withheld for underpayment or overpayment in previous quarter.

**VILLAGE OF BARNESVILLE, OHIO
FORM EQR**

Employer Name:

Employer Address:

Federal ID Number:

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD
VILLAGE OF BARNESVILLE, OHIO FORM EQR**

		Dollars	Cents
1. Taxable Earnings paid all employees subject to Barnesville, Ohio Village Income Tax	\$		
2. Actual Tax Withheld in quarter for Village Income Tax	\$		
3. Adjustment of Tax for prior quarter (see instructions)	\$		
TOTAL	\$		

I hereby certify that the information and statements contained herein are true and correct.
(form must be printed for signature)

(Signed) _____

(Official Title) _____

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

FOR MONTHS OF:

DUE ON OR BEFORE:

MAIL TO: Income Tax Dept., P.O. Box 190, Barnesville, Ohio 43713-0190
Phone (740)425-3444