

**VILLAGE OF MANTUA, O.**

Form EQR

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

Employer's Name: \_\_\_\_\_

Federal I.D. number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- 1. Number of Taxable Employees: \_\_\_\_\_      Dollars      Cents
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all employees (\*)      \$ \_\_\_\_\_ . \_\_\_\_\_
- 3. Less: Non-taxable Items (Compensation paid non-residents for Services outside Mantua)      \$ \_\_\_\_\_ . \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)      \$ \_\_\_\_\_ . \_\_\_\_\_
- 5. Actual Tax Withheld in Quarter for City Income Tax      \$ \_\_\_\_\_ . \_\_\_\_\_
- 5a. Adjustment of Tax for Prior Quarter (see instructions)      \$ \_\_\_\_\_ . \_\_\_\_\_
- 6. Interest (1/2% per month or fraction thereof)      \$ \_\_\_\_\_ . \_\_\_\_\_
- 7. Penalty (3% per month or fraction thereof)      \$ \_\_\_\_\_ . \_\_\_\_\_
- 8. TOTAL (Include interest and penalty, if due)      \$ \_\_\_\_\_ . \_\_\_\_\_

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

(Signed) .....

(Official Title) .....

Owner, Partner, Member, President, Treasurer, Agent

Date.....

\* If no wages paid this quarter, mark "None" and return this form with explanation.

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
VILLAGE OF MANTUA, O. - INCOME TAX

TAX RATE:  
ONE AND ONE-HALF PERCENT (1 1/2%)

FOR MONTHS OF \_\_\_\_\_

DUE ON OR BEFORE \_\_\_\_\_

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

Mail to: INCOME TAX DEPT.  
P.O. Box 775  
MANTUA, OH 44255

Fourth Quarter 2015 taxes must be postmarked by Jan. 31, 2016
First Quarter 2016 taxes must be postmarked by April 15, 2016
Second Quarter 2016 taxes must be postmarked by July 15, 2016
Third Quarter 2016 taxes must be postmarked by October 15, 2016
Fourth Quarter 2016 taxes must be postmarked by Jan. 15, 2017