

## INSTRUCTIONS FOR PREPARING AND FILING FORM EQR

### Who Must File:

Each employer within the City of Ontario, Ohio, who employs one or more persons, is required to withhold the tax of 1.5% from all compensation paid taxable employees at the time such compensation is paid, and to file Form EQR and remit tax to the City Income Tax Dept., on or before the last day of the month next following the quarterly period in which the withholding deduction was made.

### 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 City Clerk to examine his books, or who shall knowingly make the incomplete, false or fraudulent return, or who shall attempt to avoid the payment of tax, shall be guilty of a misdemeanor and shall be fined not more than \$100 or imprisoned for not more than sixty (60) days 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.

### 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 CITY OF ONTARIO, OHIO - INCOME TAX.
- Line 3 - To adjust current payment of actual tax withheld for underpayment or overpayment in previous quarter.

Form EQR

### CITY OF ONTARIO, OHIO INCOME TAX EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Instructions on Reverse  
side of Taxpayer's Copy

		DOLLARS	CENTS
Income Tax Rate:			
1. Taxable Earnings paid all Employees subject to Ontario, Ohio City Income Tax.....	\$		
Exclude under 18's.....			
2. Actual Tax Withheld this Quarter for City Income Tax.....	\$		
3. Adjustment of Tax for prior quarter (see instructions).....	..		
4. Interest.....			
5. Penalty.....			
6. TOTAL (If no withholding - return form stating NONE If business ceased or job completed so advise).....	\$		

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

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_

Date

**THIS RETURN MUST BE FILED  
ON OR BEFORE THE DUE DATE SHOWN BELOW  
MAKE CHECK OR MONEY ORDER PAYABLE TO  
CITY OF ONTARIO, OHIO - INCOME TAX**

MAIL TO:

CITY OF ONTARIO, OHIO  
INCOME TAX DEPT.  
P.O. BOX 166  
ONTARIO, OHIO 44862

FOR MONTHS OF

DUE ON OR BEFORE

Notify Income Tax Division 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.

RETURN PART 1 — KEEP PART 2 FOR YOUR RECORDS.