

# EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

**W** City of Bowling Green, Ohio

Form EQR

	Dollars	Cents
1. Bowling Green Taxable Earnings <b>RATE = 1.92%</b>		
2. Taxable earnings paid BG residents at _____ % (reduced credit rate)		
3. Actual Tax Withheld in quarter for B.G. Income Tax		
4. Adjustment of Tax for prior quarter (explain on back)		
5. Interest _____ (1 1/2% per month or portion thereof)		
6. Penalty _____ (3% [Minimum \$10 per month])		
7. Total (include interest and penalty if due) _____		

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

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

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

Owner, Partner, Member, President, Treasurer, Agent, Date

THIS RETURN MUST BE FILED

ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**City of Bowling Green, Ohio - INCOME TAX**

FOR QUARTER ENDING **SEPTEMBER 30**

DUE ON OR BEFORE **OCTOBER 31**

MAIL TO: City of Bowling Green, Income Tax Div.

PO Box 189 Bowling Green, OH 43402

(419) 354-6213 Fax (419) 354-5122

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

