

CITY OF KENT, OHIO

Form EQR

EMPLOYER'S RETURN OF TAX WITHHELD

Instructions on reverse side of Taxpayer's copy.

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 AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

KENT CITY INCOME TAX

THE FOLLOWING INFORMATION MUST BE FILLED OUT!

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

FEDERAL I.D. #: _____

ACCOUNT NUMBER: _____

DUE DATE: _____

1. Number of TAXABLE Employees	\$	<input type="text"/>
2. TAXABLE EARNINGS paid employees for quarter subject to Kent Income Tax	\$	_____
3. ACTUAL TAX withheld	\$	_____
4. Adjustment of Tax for prior period (see instructions)	\$	_____
5. Interest (1% per month or part thereof)	\$	_____
6. Penalty (10% per month or part thereof)	\$	_____
7. TOTAL (include interest and penalty if due)	\$	<input type="text"/>

(If no wages paid this period, mark "NONE" and return this form with explanation.)

**KENT CITY HALL
MAIL TO: INCOME TAX DIV.
325 S. DEPEYSTER ST.
KENT, OH 44240-3607**

If receipt is desired, return Taxpayers copy of this form and enclose pre-addressed stamped envelope.