

**CITY OF ALLIANCE, OHIO  
Form EQR**

**EMPLOYER'S WITHHOLDING – QUARTERLY  
If no wages paid this quarter, mark "None" and return this form.**

**TAX RATE 2.00%**

1. Number of Taxable Employees.....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees .....	2		
3. Less – Wages paid non-residents for services performed outside Alliance and to persons under age 16 .....	3		
4. Taxable Earnings (from line 2).....	4		
5. Actual Tax Withheld at 2.00 % .....	5		
6. Adjustments of Tax for Prior Period .....	6		
7. Interest is assessed at 1% per month if not filed by due date...	7		
8. Penalty is assessed at 3% per month if not filed by due date...	8		
9. Total (Include Interest and Penalty if Due).....	9		

**Tax Year** \_\_\_\_\_

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

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE APRIL 30, \_\_\_\_\_**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ALLIANCE INCOME TAX DEPT  
P. O. BOX 2025  
ALLIANCE OH 44601-2025  
Voice 330-821-9190 Fax 330-829-2177

Notify Income Tax Department promptly of any change of name or address as shown above.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX ID # \_\_\_\_\_

Period Ending JAN-FEB-MAR

1. Number of Taxable Employees.....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees .....	2		
3. Less – Wages paid to non-residents for services performed outside Alliance and to persons under age 16 .....	3		
4. Taxable Earnings (from line 2).....	4		
5. Actual Tax Withheld at 2.000 % .....	5		
6. Adjustments of Tax for Prior Period .....	6		
7. Interest is assessed at 1% per month if not filed by due date...	7		
8. Penalty is assessed at 3% per month if not filed by due date...	8		
9. Total (Include Interest and Penalty if Due).....	9		

**Tax Year** \_\_\_\_\_

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

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON**

**OR BEFORE JULY 31, \_\_\_\_\_**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ALLIANCE INCOME TAX DEPT

P. O. BOX 2025

ALLIANCE OH 44601-2025

Voice 330-821-9190

Fax 330-829-2177

Notify Income Tax Department promptly of any change of name or address as shown above.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX ID # \_\_\_\_\_

Period Ending APR-MAY-JUN

**CITY OF ALLIANCE, OHIO  
Form EQR**

**EMPLOYER'S WITHHOLDING – QUARTERLY  
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**TAX RATE 2.00%**

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9. Total (Include Interest and Penalty if Due).....	9	

**Tax Year** \_\_\_\_\_  
 I hereby certify that the information and statements contained here  
 in and in any schedules or exhibits attached are true and correct.  
 Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE OCTOBER 31, \_\_\_\_\_**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ALLIANCE INCOME TAX DEPT  
 P.O. BOX 2025  
 ALLIANCE OH 44601-2025  
 Voice 330-821-9190 Fax 330-829-2177

Notify Income Tax Department promptly of any change of name or address as shown above.  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

TAX ID # \_\_\_\_\_

Period Ending JUL-AUG-SEP

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees .....	2	
3. Less – Wages paid non-residents for services performed outside Alliance and to persons under age 16 .....	3	
4. Taxable Earnings (from line 2).....	4	
5. Actual Tax Withheld at 2.000 % .....	5	
6. Adjustments of Tax for Prior Period .....	6	
7. Interest is assessed at 1% per month if not filed by due date.	7	
8. Penalty is assessed at 3% per month if not filed by due date.	8	
9. Total (Include Interest and Penalty if Due).....	9	

**Tax Year** \_\_\_\_\_

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

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON**  
**OR BEFORE JANUARY 31, \_\_\_\_\_**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ALLIANCE INCOME TAX DEPT  
P.O. BOX 2025  
ALLIANCE OH 44601-2025

Voice 330-821-9190

Fax 330-829-2177

Period Ending OCT-NOV-DEC

Notify Income Tax Department promptly of any change of name or address as shown above.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

TAX ID # \_\_\_\_\_