**MUNICIPALITY OF CARLISLE, OHIO**

**Form EQR**

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

<table>
<thead>
<tr>
<th></th>
<th>Dollars</th>
<th>Cents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td>TOTAL</td>
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</tbody>
</table>

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 SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**MUNICIPALITY OF CARLISLE, OHIO — INCOME TAX**
FOR MONTHS OF

MAIL TO:

Income Tax Dept.

MUNICIPALITY OF CARLISLE
760 W. CENTRAL AVE.
CARLISLE, OHIO 43010

DUE ON OR BEFORE

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