

EMPLOYER QUARTERLY RETURN Local Earned Income Tax Withholding

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

EMPLOYER BUSINESS NAME (Use Federal ID Name)						
EMPLOYER BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR)						
SECOND LINE OF ADDRESS						
CITY OR POST OFFICE			STATE	ZIP		
MUNICIPAL TAXING AUTHORITY (City, Borough, Township) IN WHICH FACILITY OR BUSINESS IS LOCATED (Attach listing of multiple locations within PA if applicable)						
COUNTY	BUSINESS PHONE NUME	BUSINESS PHONE NUMBER		BUSINESS FAX NUMBER		
EMPLOYER PSD CODE FEDERAL EIN OR SOCIA	AL SECURITY #	ACCOUNT NUMBER		YEAR AND QUARTER		
1. Total Earned Income Tax Withheld \$;	8. Date Period Ended (MM/DD/YYYY)				
2. Credit or Adjustment (attach explanation) \$;	9. Total Pages of This Return				
3. Adjusted Total of Earned Income Tax \$	5	10. Total Number of Employees Listed				

If there has been a change of ownership or other transfer of business during
the quarter, attach explanation and give name of present owner and date the
change took place.

Do you expect to pay taxable wages next quarter? Yes No

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.			
PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)			
TITLE			
PRIMARY CONTACT PHONE NUMBER	PRIMARY CONTACT EMAIL ADDRESS		
SIGNATURE OF PRIMARY CONTACT INDIVIDUAL		DATE (MM/DD/YYYY)	

(11) EMPLOYEE'S SOCIAL SECURITY NUMBER	(12) EMPLOYEE'S NAME/ADDRESS	(13) GROSS COMPENSATION PAID THIS QUARTER	(14) AMOUNT OF EIT WITHHELD THIS QUARTER	(15) RESIDENT PSD CODE
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
(16) FIRST PAGE TOTAL		\$	\$	

Make Checks payable to: There will be a \$ fee for returned payments & checks.

4. Penalty & Interest (____% per month)\$ 5. Total Amount of Tax Due

6. Total Payments Made this Quarter

7. Balance Due with Return (Item 5 Minus 6) \$

\$

\$

TOTAL Amount Enclosed

\$

Employer Business Location:

Year and Quarter:

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(16) THIS PAGE TOTAL		\$	\$	