



# QUARTERLY ESTIMATED 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.

TRIM ALONG DOTTED LINE

## 1st QUARTER ESTIMATED Local Earned Income Tax

If you moved enter the effective date: \_\_\_/\_\_\_/\_\_\_   
 Check here if address change also applies to spouse   
 Make any corrections to NAME, STREET ADDRESS or  
 RESIDENT MUNICIPALITY and check here.   
 INCLUDE INFO IF NOT SHOWN.

Resident PSD Code

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Work Location PSD Code

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Resident Municipality: \_\_\_\_\_

If you have no earned income, state the reason: retired/homemaker/  
student/disabled/temporarily unemployed/minor (state age)/other  
(please specify) \_\_\_\_\_

Check here if ALL tax is withheld by employer(s).  
Do not complete information requested on Lines 1 thru 6.

1. <b>Earned Income</b> and/or net profits <i>(must enter amount)</i> January 1 thru March 31 . . .	.00
2. Tax Rate of _____ multiplied by line 1 . . . . .	.00
3. Employer Withheld (January 1 thru March 31 Only) . .	.00
4. TAX DUE: <i>(line 2 minus line 3)</i> . . . . .	.00
5. Penalty and Interest: Line 4 multiplied by 1% per month if paid after the due date . . . . .	.00
6. <b>TOTAL PAYMENT DUE</b> <i>(add lines 4 &amp; 5)</i> . . . . .	.00

Payable to: \_\_\_\_\_

Social Security Number 

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DO NOT WRITE BELOW THIS LINE

### 2nd QUARTER ESTIMATED Local Earned Income Tax

If you moved enter the effective date: \_\_\_/\_\_\_/\_\_\_   
Check here if address change also applies to spouse   
Make any corrections to NAME, STREET ADDRESS or RESIDENT MUNICIPALITY and check here.   
INCLUDE INFO IF NOT SHOWN.

Resident PSD Code

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Work Location PSD Code

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Resident Municipality: \_\_\_\_\_

If you have no earned income, state the reason: retired/homemaker/student/disabled/temporarily unemployed/minor (state age)/other (please specify) \_\_\_\_\_  
 Check here if ALL tax is withheld by employer(s). Do not complete information requested on Lines 1 thru 6.

- 1. **Earned Income** and/or net profits *(must enter amount)* April 1 thru June 30 . . . . .
- 2. Tax Rate of \_\_\_\_\_ multiplied by line 1 . . . . .
- 3. Employer Withheld (April 1 thru June 30 Only) . . . . .
- 4. TAX DUE: *(line 2 minus line 3)* . . . . .
- 5. Penalty and Interest: Line 4 multiplied by 1% per month if paid after the due date . . . . .
- 6. **TOTAL PAYMENT DUE** *(add lines 4 & 5)* . . . . .

	.00
	.00
	.00
	.00
	.00
	.00

Payable to: \_\_\_\_\_

Social Security Number 

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DO NOT WRITE BELOW THIS LINE



### 3rd QUARTER ESTIMATED Local Earned Income Tax

If you moved enter the effective date: \_\_\_/\_\_\_/\_\_\_   
Check here if address change also applies to spouse   
Make any corrections to NAME, STREET ADDRESS or RESIDENT MUNICIPALITY and check here.   
INCLUDE INFO IF NOT SHOWN.

Resident PSD Code

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Work Location PSD Code

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Resident Municipality: \_\_\_\_\_

If you have no earned income, state the reason: retired/homemaker/student/disabled/temporarily unemployed/minor (state age)/other (please specify) \_\_\_\_\_  
 Check here if ALL tax is withheld by employer(s). Do not complete information requested on Lines 1 thru 6.

- 1. **Earned Income** and/or net profits *(must enter amount)* July 1 thru September 30 . . . . .
- 2. Tax Rate of \_\_\_\_\_ multiplied by line 1 . . . . .
- 3. Employer Withheld (July 1 thru September 30 Only) . . . . .
- 4. TAX DUE: *(line 2 minus line 3)* . . . . .
- 5. Penalty and Interest: Line 4 multiplied by 1% per month if paid after the due date . . . . .
- 6. **TOTAL PAYMENT DUE** *(add lines 4 & 5)* . . . . .

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	.00
	.00
	.00
	.00
	.00

Payable to: \_\_\_\_\_

Social Security Number 

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DO NOT WRITE BELOW THIS LINE



### 4th QUARTER ESTIMATED Local Earned Income Tax

If you moved enter the effective date: \_\_\_/\_\_\_/\_\_\_   
Check here if address change also applies to spouse   
Make any corrections to NAME, STREET ADDRESS or RESIDENT MUNICIPALITY and check here.   
INCLUDE INFO IF NOT SHOWN.

Resident PSD Code

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Work Location PSD Code

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Resident Municipality: \_\_\_\_\_

If you have no earned income, state the reason: retired/homemaker/student/disabled/temporarily unemployed/minor (state age)/other (please specify) \_\_\_\_\_  
 Check here if ALL tax is withheld by employer(s). Do not complete information requested on Lines 1 thru 6.

- 1. **Earned Income** and/or net profits *(must enter amount)* October 1 thru December 31 . . . . .
- 2. Tax Rate of \_\_\_\_\_ multiplied by line 1 . . . . .
- 3. Employer Withheld (October 1 thru December 31 Only) . . . . .
- 4. TAX DUE: *(line 2 minus line 3)* . . . . .
- 5. Penalty and Interest: Line 4 multiplied by 1% per month if paid after the due date . . . . .
- 6. **TOTAL PAYMENT DUE** *(add lines 4 & 5)* . . . . .

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	.00
	.00
	.00
	.00
	.00

Payable to: \_\_\_\_\_

Social Security Number 

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DO NOT WRITE BELOW THIS LINE