



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. Contact 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			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 NUMBER	BUSINESS FAX NUMBER	
EMPLOYER PSD CODE	FEDERAL EIN OR SOCIAL SECURITY #	ACCOUNT NUMBER	YEAR AND QUARTER	
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1. Total Earned Income Tax Withheld	\$
2. Credit or Adjustment (attach explanation)	\$
3. Total of Earned Income Tax Due (line 1 minus line 2) .	\$
4. Total Payments Made this Quarter	\$
5. Adjusted Total of EIT Due (line 3 minus line 4)	\$
6. Penalty & Interest (____% per month after due date x line 5)	\$
7. Balance Due with Return (Add lines 5 and 6)	\$

8. Date Period Ended (MM/DD/YYYY)	
9. Total Pages of This Return	
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. <input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE	
Do you expect to pay taxable wages next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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(16) FIRST PAGE TOTAL		\$	\$	

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

TOTAL Amount Enclosed \$

NOT to be filed with the PA Department of Revenue. Please file with your local EIT Collector.

EMPLOYER QUARTERLY RETURN for Local Earned Income Tax Withholding

Employer Business Location: _____ Year and Quarter: _____

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(16) THIS PAGE TOTAL		\$	\$	