



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. Contact 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.

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| 1. Earned Income 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 _____ per month if paid after the due date | .00 |
| 6. TOTAL PAYMENT DUE <i>(add lines 4 & 5)</i> | .00 |

Payable to: _____

Social Security Number

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