

## 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.

CLGS-32-3 (1-13)	1st QUARTER ESTIMATED Local Earned Income Tax	
	If you moved, enter the effective date:// Check here if address change also applies to spot Make any corrections to NAME, STREET ADDRESS of RESIDENT MUNICIPALITY and check here. INCLUDE INFO IF NOT SHOWN.	ıse
	1. Earned Income and/or net profits  (must enter amount) January 1 thru March 31	.0
Resident PSD Code Work Location PSD Code	2. Tax Rate of multiplied by line 1	.0
	3. Employer Withheld (January 1 thru March 31 Only)	.0
	4. TAX DUE: (line 2 minus line 3)	.0
Resident Municipality:	5. Penalty and Interest: Line 4 multiplied by	.0
If you have no earned income, state the reason: retired/homemaker/ student/disabled/temporarily unemployed/minor (state age)/other (please specify)	per month if paid after the due date	.00
☐ Check here if ALL tax is withheld by employer(s).  Do not complete information requested on Lines 1 thru 6.	Payable to:	
	Social Security Number	

## 2nd QUARTER ESTIMATED Local Earned Income Tax

	If you moved, enter the ef Check here if address cha	fective date://ange also applies to spouse
	Make any corrections to NAN RESIDENT MUNICIPALITY INCLUDE INFO IF NOT SHO	ME, STREET ADDRESS or and check here.
	1. Earned Income and/or net profits  (must enter amount) April 1 thru June 30	.00
Resident PSD Code Work Location PSD Code	Tax Rate of multiplied by line 1	.00
Nesident 1 3D code Work Education P3D code	3. Employer Withheld (April 1 thru June 30 Only)	.00
	4. TAX DUE: (line 2 minus line 3)	.00
Resident Municipality:	5. Penalty and Interest: Line 4 multiplied by per month if paid after the due date	.00
If you have no earned income, state the reason: retired/homemaker/ student/disabled/temporarily unemployed/minor (state age)/other (please specify)	6. TOTAL PAYMENT DUE (add lines 4 & 5)	.00
☐ Check here if ALL tax is withheld by employer(s).	Payable to:	
Do not complete information requested on Lines 1 thru 6.	Social Security Number	
DO NOT	WRITE BELOW THIS LINE	
TRIM ALONG DOTTED LINE		
01.00.00.04.40)	3rd QUARTER ESTIMATED Local	Farned Income Tay
CLGS-32-3 (1-13)	If you moved, enter the ef	fective date://
	Check here if address cha Make any corrections to NAN	ange also applies to spouse  ME, STREET ADDRESS or
	RESIDENT MUNICIPALITY INCLUDE INFO IF NOT SHO	and check here.
	Earned Income and/or net profits     (must enter amount) July 1 thru September 30	.00
Resident PSD Code Work Location PSD Code	2. Tax Rate of multiplied by line 1	.00
THE REPORT OF THE PARTY OF THE	3. Employer Withheld (July 1 thru September 30 Only)	.00
Posidont Municipality	4. TAX DUE: (line 2 minus line 3)	.00
Resident Municipality:	5. Penalty and Interest: Line 4 multiplied by per month if paid after the due date	.00
If you have no earned income, state the reason: retired/homemaker/ student/disabled/temporarily unemployed/minor (state age)/other (please specify)	6. TOTAL PAYMENT DUE (add lines 4 & 5)	.00
☐ Check here if ALL tax is withheld by employer(s).  Do not complete information requested on Lines 1 thru 6.	Payable to:	
DO NOT	Social Security Number Social Security Number	
TOWALONO POTTED LINE		
NAME ALONG BOTTLE LINE		
CLGS-32-3 (1-13)	4th QUARTER ESTIMATED Local	
		ange also applies to spouse
	Make any corrections to NAN RESIDENT MUNICIPALITY INCLUDE INFO IF NOT SHO	and check here.
	1. Earned Income and/or net profits	.00
	(must enter amount) October 1 thru December 31	.00
Resident PSD Code Work Location PSD Code	2. Tax Rate of multiplied by line 1	.00
	3. Employer Withheld (October 1 thru December 31 Only) .	.00
Resident Municipality:	4. TAX DUE: (line 2 minus line 3)	.00
If you have no earned income, state the reason: retired/homemaker/ student/disabled/temporarily unemployed/minor (state age)/other	per month if paid after the due date	.00
(please specify)	6. TOTAL PAYMENT DUE (add lines 4 & 5)	
□ Check here if ALL tax is withheld by employer(s).  Do not complete information requested on Lines 1 thru 6.	Payable to:	
25 St complete information requested on Lines 1 till 0.	Social Security Number	

DO NOT WRITE BELOW THIS LINE —