



**EMPLOYER QUARTERLY RETURN—
 AMENDED**
Local Earned Income Tax Withholding

<https://lycomingtax.org>

EMPLOYER BUSINESS NAME	
FEIN	ACCOUNT #
QUARTER AND TAX YEAR	DATE ORIGINALLY FILED

1. Total Earned Income Tax Withheld on Original Return	
2. Corrected EIT Withheld (<i>attach detail</i>)	
3a. Total EIT due (<i>if line 2 is greater than line 1</i>)	
Remitted via: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> ACH Transfer	
3b. Total EIT Overpayment (<i>if line 2 is less than line 1</i>)	
<input type="checkbox"/> Refund Overpayment <input type="checkbox"/> Credit Overpayment to next quarter	

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)

In the left-hand column, please provide the information as it appeared on the original return. In the right-hand column, please provide the amended information. Only include the employees with information requiring correction.

Original Information			Corrected Information		
Employee SSN	Employee Name and Address		Employee SSN	Employee Name and Address	
Gross Wages	Tax Withheld	Employee PSD Code	Gross Wages	Tax Withheld	Employee PSD Code

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