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.

Estimated Local Earned Income Tax
ONLY ONE TAXPAYER PER VOUCHER

QUARTER FILING FOR: Quarter 1

Reference #:

Resident PSD:

Work Location PSD:

Tax Year:

Name & Address:

Earned income and/or net profits January 1 thru March 31	1. $	0 0
Multiply line 1 by your tax rate (see instructions)	2. $	0 0
Employer Withheld January 1 thru March 31	3. $	0 0
TAX DUE (line 2 minus line 3)	4. $	0 0
Penalty and interest: line 4 multiplied by 1% per month if paid after due date	5. $	0 0
TOTAL PAYMENT DUE (add lines 4 & 5)	6. $	0 0

Social Security Number - no dashes

☐ Check here if address change also applies to spouse

☐ Check here to make corrections to Name, Street address or Resident Municipality.
If you moved enter the effective date: _____/_____/_____

Make check payable to: **York Adams Tax Bureau** **DUE: April 15th**