



CLGS – 32-3 (1 -13)

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 by contacting your Tax Officer.

INDIVIDUAL ESTIMATED PAYMENTS are due:

April 30 July 31 October 31 January 31

If you reside in the municipalities or school districts on the reverse page, your individual estimated payment is payable to:

**Blair County Tax Collection Bureau
 1419 3rd Ave., PO Box 307
 Duncansville, PA 16635-0307**

When remitting individual estimated payments, please complete the form in its entirety. Include: Name, Address, Social Security Number, and PSD Codes. Please do not combine estimated payments with your spouse. A separate coupon must be remitted if both individuals are required to make estimated payments.

Resident PSD Codes and Work Location PSD Code – This information must be provided. The list of municipalities and school districts along with tax rates are on the reverse page for your convenience. If you need assistance determining either resident or work PSD code, please contact the Bureau.

Office hours are Monday ~ Friday
 8:00 a.m. – 4:30 p.m.
 Phone: (814) 317 – 5335
 Email: info@blairtax.org

Additional forms and information may be found on our website at www.blairtax.org

If you received this information and no longer need to make individual estimated payments, please return the form and provide a reason.



TRIM ALONG THE DOTTED LINE

CLGS – 32-3 (1 -13)

Name
Address
City
State
&
ZIP

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.

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: (line 2 minus line 3) .....	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date .....	.00
6. TOTAL PAYMENT DUE (add lines 4 & 5) .....	.00

Payable to: **BCTCB** _____

Social Security Number:

Resident PSD Code	Work Location PSD Code
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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.

DO NOT WRITE BELOW THIS LINE

2nd 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.

Name
Address
City
State
&
ZIP

1. Earned Income and/or net profits <i>(must enter amount)</i> April 1 thru June 30 .....	.00
2. Tax Rate of _____ multiplied by line 1 .....	.00
3. Employer Withheld (April 1 thru June 30 Only) .....	.00
4. TAX DUE: <i>(line 2 minus line 3)</i> .....	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date .....	.00
6. TOTAL PAYMENT DUE <i>(add lines 4 & 5)</i> .....	.00

Payable to: **BCTCB** _____

Social Security Number:

Resident PSD Code

Work Location PSD Code

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.

DO NOT WRITE BELOW THIS LINE



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3rd 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.

Name
Address
City
State
&
ZIP

1. Earned Income and/or net profits <i>(must enter amount)</i> July 1 thru September 30 .....	.00
2. Tax Rate of _____ multiplied by line 1 .....	.00
3. Employer Withheld (July 1 thru September 30 Only) .....	.00
4. TAX DUE: <i>(line 2 minus line 3)</i> .....	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date .....	.00
6. TOTAL PAYMENT DUE <i>(add lines 4 & 5)</i> .....	.00

Payable to: **BCTCB** _____

Social Security Number:

Resident PSD Code

Work Location PSD Code

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.

DO NOT WRITE BELOW THIS LINE



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CLGS - 32-3 (1-13)

4th 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.

Name
Address
City
State
&
ZIP

1. Earned Income and/or net profits <i>(must enter amount)</i> October 1 thru December 31 .....	.00
2. Tax Rate of _____ multiplied by line 1 .....	.00
3. Employer Withheld (October 1 thru December 31 Only) .....	.00
4. TAX DUE: <i>(line 2 minus line 3)</i> .....	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date .....	.00
6. TOTAL PAYMENT DUE <i>(add lines 4 & 5)</i> .....	.00

Payable to: **BCTCB** _____

Social Security Number:

Resident PSD Code

Work Location PSD Code

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.

DO NOT WRITE BELOW THIS LINE