



EMPLOYER QUARTERLY RETURN

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.

Check if making any corrections to **EMPLOYER'S** Name & Address

File **ONLINE** at www.wasd.org/taxoffice

| | | | |
|---|----------------------------------|---------------------|------------------|
| EMPLOYER BUSINESS NAME (Use Federal ID Name) | | | |
| EMPLOYER BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR) | | | |
| SECOND LINE OF ADDRESS | | | |
| CITY OR POST OFFICE | | STATE | ZIP |
| MUNICIPAL TAXING AUTHORITY (City, Borough, Township) IN WHICH FACILITY OR BUSINESS IS LOCATED | | | |
| COUNTY | BUSINESS PHONE NUMBER | BUSINESS FAX NUMBER | |
| EMPLOYER PSD CODE | FEDERAL EIN OR SOCIAL SECURITY # | ACCOUNT NUMBER | YEAR AND QUARTER |

| | | |
|---|----|--|
| 1. Total Earned Income Tax Withheld | \$ | |
| 2. Credit or Adjustment (attach detail) | \$ | |
| 3. Total of Earned Income Tax Due (line 1 minus line 2) | \$ | |
| 4. Total Payments Made this Quarter | \$ | |
| 5. Adjusted Total of EIT Due (line 3 minus line 4) | \$ | |
| 6. Penalty & Interest,late file fees | \$ | |
| 7. Balance Due with Return (Add lines 5 and 6) | \$ | |

| | |
|--|--|
| 8. Date Period Ended (MMDDYYYY) | |
| 9. Total Pages of This Return | |
| 10. Total Number of Employees Listed | |
| If there has been a change of ownership or other transfer of business during the quarter, attach explanation and give name of present owner and date the change took place. <input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE | |
| Do you expect to pay taxable wages next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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) |

| (11) EMPLOYEE'S SOCIAL SECURITY NUMBER | (12) EMPLOYEE'S NAME/ADDRESS <small>Check box if making any corrections to EMPLOYEE'S Name/Address, SSN, or Resident PSD</small> | (13) GROSS COMPENSATION PAID THIS QUARTER | (14) AMOUNT OF EIT WITHHELD THIS QUARTER | (15) RESIDENT PSD CODE |
|--|---|---|--|------------------------|
| | <input type="checkbox"/> | \$ | \$ | |
| | <input type="checkbox"/> | \$ | \$ | |
| | <input type="checkbox"/> | \$ | \$ | |
| | <input type="checkbox"/> | \$ | \$ | |
| (16) FIRST PAGE TOTAL | | \$ | \$ | |

Make check payable to: Income Tax Officer
There will be a \$20.00 fee for returned payments and checks.

TOTAL Amount Enclosed \$

