

EMPLOYER QUARTERLY EARNED INCOME TAX RETURN

MAKE CHECKS PAYABLE AND REMIT PAYMENT TO:

MUNICIPAL & SCHOOL EARNED INCOME TAX OFFICE
2790 W FOURTH ST.
WILLIAMSPORT, PA 17701
(570) 601-3980

EMPLOYER IDENTIFICATION NUMBER:

EMPLOYER NAME AND ADDRESS:

- 1. EARNED INCOME TAX WITHHELD \$ _____
- 2. ADVANCE PAYMENTS (LIST ON BACK) \$ _____
- 3. CREDIT OR ADJUSTMENT (ATTACH EXPLANATION) \$ _____
- 4. PENALTY & INTEREST (1% PER MONTH) \$ _____
- 5. BALANCE DUE WITH RETURN \$ _____
PAYMENT DUE BY LAST OF MONTH FOLLOWING CLOSE OF QUARTER.

IF THERE HAS BEEN A CHANGE OF OWNERSHIP OR IF THE BUSINESS CLOSED DURING THIS QUARTER, PLEASE ATTACH AN EXPLANATION AND INDICATE THE NAME OF THE PRESENT OWNER AND THE DATE THE CHANGE TOOK PLACE.

___ QTR - 201_

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	ADDRESS	TAXABLE GROSS WAGES	AMOUNT OF TAX WITHHELD

I DECLARE, UNDER THE PENALTIES OF PERJURY, THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE RETURN, MADE IN GOOD FAITH, PURSUANT TO THE INCOME TAX RESOLUTION AND THE REGULATIONS ISSUED UNDER AUTHORITY THEREOF.

SIGNATURE

TITLE

DATE

TOTALS

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