

Municipal & School Earned Income Tax Office

2790 W 4th St., Williamsport PA 17701 Phone: 570-601-3980 Fax: 570-327-0650



EMPLOYER QUARTERLY RETURN Local Earned Income Tax Withholding

| Check if making any corrections to EMPLOYER'S Name & Address | ii rights with regard to the ad | | | d • KEDO &[{ã*cæ¢È; * | | | |
|--|---|--|---|------------------------|--|--|--|
| EMPLOYER BUSINESS NAME (Use Federal ID Name) | | | | | | | |
| EMPLOYER BUSINESS LOCATION - STREET ADDRESS (I | 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 E | BUSINESS IS LOCATED | | | | | |
| COUNTY | BUSINESS PHONE N | UMBER | BER BUSINESS FAX NUMBER | | | | |
| EMPLOYER PSD CODE FEDERAL EIN OR SO | CIAL SECURITY# | ACCOUNT NUMBER | | YEAR AND QUARTER | | | |
| Total Earned Income Tax Withheld | \$. | 8. Date Period Ended (A | MMDDYYYY) | | | | |
| 2. Credit or Adjustment (attach detail) | 9. Total Pages of This R | 9. Total Pages of This Return | | | | | |
| 3. Total of Earned Income Tax Due (line 1 minus line 2) . | 10. Total Number of Em | 10. Total Number of Employees Listed | | | | | |
| 4. Total Payments Made this Quarter | \$. | * If your account is ove | rpaid, how should we ha | andle the overpayment? | | | |
| 5.Adjusted Total of EIT Due (line 3 minus line 4) * \$ REFUND CREDIT TO NEXT QUARTER | | | | | | | |
| 6. Penalty & Interest, late file fees \$ | | | | | | | |
| 7. Balance Due with Return (Add lines 5 and 6) \$ Is this a final return? NO YES (please attach explanation) | | | | | | | |
| | atements and to the best of | have examined this information, in f my (our) belief, they are true, corr | | | | | |
| PRIMARY CONTACT PHONE NUMBER | PRIMARY CONTACT EMAIL | PRIMARY CONTACT EMAIL ADDRESS | | | | | |
| SIGNATURE OF PRIMARY CONTACT INDIVIDUAL | | DATE (MM/DD/YYYY) | | | | | |
| SECURITY NUMBER Check box if making any Name/Address, S | S NAME/ADDRESS corrections to EMPLOYEE'S SSN, or Resident PSD | (13) GROSS COMPENSATION PAID THIS QUARTER | (14) AMOUNT OF WITHHELD THI QUARTER | | | | |
| | | \$ | \$ | | | | |
| | | \$ | \$ | | | | |
| | | \$ | \$ | | | | |
| | | \$ | \$ | | | | |
| (16) FIRST PAGE TOTAL | | \$ | \$ | | | | |
| Make check payable to: Income Tax Officer | | | \$ | | | | |

TOTAL Amount Enclosed

There will be a \$30.00 fee for returned payments and checks.

CLGS-32-5 (8-12)

EMPLOYER QUARTERLY RETURN for Local Earned Income Tax Withholding

| Employer Federal EIN: Year and Quarter: | | | | | | |
|---|---|---|--|--|--|--|
| (11) EMPLOYEE'S SOCIAL SECURITY NUMBER | (12) EMPLOYEE'S NAME/ADDRESS Check box if making any corrections to EMPLOYEE'S Name/Address, SSN, or Resident PSD | (13) GROSS COMPENSATION PAID THIS QUARTER | (14) AMOUNT OF EIT WITHHELD THIS QUARTER (15) RESIDENT PSD CODE | | | |
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| (16) THIS PAGE TOTAL | | \$ | \$ | | | |