

## **Municipal & School Earned Income Tax Office**

2790 West Fourth Street ~ Williamsport PA 17701

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## **EMPLOYER QUARTERLY RETURN Local Earned Income Tax Withholding**

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  MUNICIPAL TAXING AUTHORITY (City, Borough, Township) IN WHICH FACILITY OR BUSINESS IS LOCATED  SOUNTY  BUSINESS PHONE NUMBER  BUSINESS FAX NUMBER  ACCOUNT NUMBER  PERILA RAND QUARTER  8. Date Period Ended (MMDDYYYY)  9. Total Pages of This Return  10. Total Number of Employees Listed  11. Total Farmed Income Tax Due (line 1 minus line 2)  12. Credit or Adjustment (attach detail)  13. Total of Earned Income Tax Due (line 1 minus line 4)  14. Total Payments Made this Quarter  15. Adjusted Total of EIT Due (line 3 minus line 4)  16. Penalty Tax times 1% per month late.  17. Interest Days late times Tax due times 000082  18. Balance Due with Return (Add times 5 and 6)  19. Balance Due with Return (Add times 5 and 6)  10. 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) belleft, they are true, correct and complete.  TITLE  PRIMARY CONTACT PHONE NUMBER  PRIMARY CONTACT EMAIL ADDRESS  DATE (MMDDYYYY)	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.								
EMPLOYER BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or NR)  SECOND LINE OF ADDRESS  SITY OR POST OFFICE  MUNICIPAL TAXING AUTHORITY (City, Berough, Township) IN VINICH FACILITY OR BUSINESS IS LOCATED  SUSINESS PHONE NUMBER  BUSINESS FAX NUMBER  ACCOUNT NUMBER  BUSINESS FAX NUMBER  VEAR AND QUARTER  1. Total Earned Income Tax Withheld	□ Check if making any corrections to <b>EMPLOYER'S</b> Name & Address File ONLINE at @ ● M型)& { 有 * cæ佯; ! *								
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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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