

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.elsevier.com/locate/jmr

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	
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1. Total Earned Income Tax Withheld	\$									
2. Credit or Adjustment (<i>attach detail</i>)	\$									
3. Total of Earned Income Tax Due (<i>line 1 minus line 2</i>) .	\$									
4. Total Payments Made this Quarter	\$									
5. Adjusted Total of EIT Due (<i>line 3 minus line 4</i>)	\$									
6. Penalty Tax times 1% per month late.	\$									
7. Interest Days late times Tax due times .000082	\$									
8. Late file fee(s) \$20.00 plus any applicable collection cost . . .	\$									
9. Balance Due with Return (<i>Add lines 5 and 6</i>). . . .	\$									

8. Date Period Ended (MMDDYYYY)	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
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. ☐ CHANGE ☐ NO CHANGE

Will this be the final return? ☐ Yes ☐ No Effective Date: _____

Business Closed
No longer will have employees

Business Sold
Business moved outside of Lycoming County

Other (please explain)

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	DATE (MM/DD/YYYY)
SIGNATURE OF PRIMARY CONTACT INDIVIDUAL		

(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
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(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 \$

Employer Federal EIN: _____ Year and Quarter: _____

(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
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When reporting more than **20 employees**, please