

W2-R ANNUAL RECONCILIATION **Earned Income Tax Withheld from Wages**

As reported on Employer's Quarterly Return (Form E-1); with income tax withheld as shown on Withholding Statements (W-2)

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.

Year:	Due by the Last Day of February						
EMPLOYER BUSINESS NAME (Use Federal ID Name)							
EMPLOYER MAILING ADDRESS							
SECOND LINE OF ADDRESS							
CITY			STATE	STATE		ZIP CODE	
EMPLOYER PSD CODE EMPLOYER ACCOUNT NUMBER			R	FEDERAL EIN			
Total number of withholding statements (W-2 forms) accompanying this report							
2. Total local EIT withheld from all wages during the year as shown on W-2s (Include tape or summary report showing total.)							\$
					D INCOME TAX		TAX PAID
Mail completed form and employee W-2 forms to:				Quarter ended March 31 (a)			\$
MUNICIPAL & SCHOOL EARNED INCOME TAX OFFICE ATTN: EMPLOYER ACCOUNTS 2790 W FOURTH ST WILLIAMSPORT PA 17701			to the Municipal & School EIT Office	Quarter ended June 30 (b)		\$	
				Quarter ended September 30 (c)		\$	
			each quarter	quarter ended December 31		r 31 <i>(d)</i>	\$
3. Total tax monies remitted to this office during the year as reported on Quarterly E-1 Reports [add (a) through (d)] (B)							\$
4a. If (A) is greater than (B), subtract (B) from (A). This is the amount you <u>underpaid</u> . Enclose check.							\$
4b. If (B) is greater than (A), subtract (A) from (B). This is the amount you overpaid. Select one: REFUND CREDIT OVERPAYMENT							\$
4c. If (A) is equal to (B), put 0 (zero) in the box. No further action is required.							\$
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)
Instructions for W2-P Annual Reconciliation Form							

- Include assigned account number and Federal ID number. Include employer's full business name and street address.
- On or before the last day of February following the close of the calendar year, file online or return the reconciliation form to appropriate Tax Officer. This form must be accompanied by CITY INCOME TAX copy of the Form W-2 for each employee from whom income tax has been withheld during tax year.
- The total of all income tax withheld as reflected on W-2s should be entered on line 2. Total earned income tax reported and remitted to this office on a quarterly basis should be entered on line 3.
- Please remit any additional monies owed when filing the reconciliation. Attach statement of explanation and include the employee name, SSN, street address, resident PSD code and amount being paid with the reconciliation.