



PO Box 25132  
Lehigh Valley, PA 18002-5132

# EMPLOYER QUARTERLY RETURN

## Local Earned Income Tax Withholding



DCED11REM

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 calling Berkheimer at 610-599-3139, during the hours of 8:00 a.m. through 4:00 p.m., Monday through Friday. Or, you can visit our website at [www.hab-inc.com](http://www.hab-inc.com).

Berkheimer is not the appointed tax hearing officer for your taxing district and will not accept any petitions for appeal. Petitions for appeal must be filed with the appropriate appeals board for your County. Berkheimer can provide you with the proper procedures and forms necessary to file an appeal with the appeals board for your Tax Collection District.

Location of Business

Year / Quarter

Phone Number

Account #

# WEB

MUNICIPAL TAXING AUTHORITY (City, Borough, or Township) IN WHICH FACILITY OR BUSINESS IS LOCATED (Attach listing of multiple locations within PA if applicable)

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COUNTY										BUSINESS PHONE NUMBER (if above is incorrect)										BUSINESS FAX NUMBER				

EMPLOYER PSD CODE					FEDERAL EIN OR SOCIAL SECURITY #					ACCOUNT NUMBER					YEAR		QUARTER

1. TOTAL EARNED INCOME TAX WITHHELD .....									
2. CREDIT OR ADJUSTMENT (attach explanation)...									
3. TOTAL OF EARNED INCOME TAX DUE (line 1 minus line 2).....									
4. TOTAL PAYMENTS MADE THIS QUARTER (Schedule B).....									
5. ADJUSTED TOTAL OF EIT DUE (line 3 minus line 4).....									
6. PENALTY AND INTEREST (1.246% per month after due date x line 5)....									
7. COST.....							5	0	0
7. BALANCE DUE WITH RETURN (add lines 5 + 6 + 7)..									

8. DATE PERIOD ENDED (MM/DD/YYYY)....	M	M	D	D	Y	Y	Y	Y
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

DO YOU EXPECT TO PAY TAXABLE WAGES NEXT QUARTER?

YES  NO

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)

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TITLE

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PRIMARY CONTACT PHONE NUMBER										PRIMARY CONTACT EMAIL ADDRESS														

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

(11) EMPLOYEE'S SOCIAL SECURITY NUMBER	(12) EMPLOYEE'S NAME/ADDRESS <small>Check 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
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

(16) FIRST PAGE TOTAL .....

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Make Checks payable to: **HAB-EIT**

There will be an additional cost assessed for returned payments.

There will be an additional cost assessed if no payment is enclosed for tax due at time of filing.

TOTAL Amount Enclosed.... \$

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