

PAYROLL PREPARATION TAX
CITY OF SCRANTON

Quarter ___ Year _____

Acct #:
District #:



Remit check or money order payable to HAB-PPT to :

HAB-PPT
PO BOX 20087
LEHIGH VALLEY, PA 18002-0087

Name _____
Address _____
City _____
State _____
ZIP _____

Signature _____

Date _____



1. WAGES FROM QUARTERLY PAYROLL											
2. RENTAL/SELF-EMPLOYMENT INCOME											
3. TOTAL TAXABLE INCOME (LINE 1+2)											
4. TAX RATE MULTIPLIED BY LINE 3 .002787											
5. INTEREST OF 6.000% PER ANNUM IF PAID AFTER DUE DATE											
6. PENALTY OF 1.000% PER MONTH IF PAID AFTER DUE DATE											
7. TOTAL AMOUNT DUE (LINE 4+5+6)											

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Email: eBPT@goberk.com Website: www.hab-inc.com

DO NOT WRITE BELOW THIS LINE

WEB