

EMPLOYER QUARTERLY RETURN
Local Earned Income Tax Withholding

Make any corrections to EMPLOYER'S NAME & ADDRESS and check here.



DCEDE11REM

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 610-599-3182. Or, you can visit our website at 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

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)

Grid for Municipal Taxing Authority

County, Business Phone Number, Business Fax Number

Employer PSD Code, Federal EIN or Social Security #, Account Number, Year, Quarter

Table with 11 rows and 4 columns for tax calculations: Total Earned Income Tax withheld, Credit or adjustment, Total of Earned Income Tax due, Total payments made this quarter, Adjusted total of Earned Income Tax due, Interest, Late Filing Fee, Balance due with Return.

9. Date period ended (MM/DD/YYYY), 10. Total pages of this Return, 11. 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)

Title

Primary Contact Phone Number, Primary Contact Email Address

Signature of Primary Contact Individual, Date (MM/DD/YYYY)

Table with 5 columns: (12) Employee's Social Security Number, (13) Employee's Name/Address, (14) Gross Compensation Paid This Quarter, (15) Amount of EIT Withheld This Quarter, (16) Resident PSD Code. Includes 4 rows of employee data.

(17) First Page Total

Make checks payable to: HAB-EIT

Total Amount Enclosed \$

