berkheimer
digital tax solutions
PO Box 25132
Lehigh Valley, PA 18002-5132

EMPLOYER QUARTERLY RETURN
Local Earned Income Tax Withholding

PAGE OF

Scan for FAQs or to file online

EIT

DCEDE11

Mailing Address:

Email

Phone number

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)*

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 line2)*.....
4. Total payments made this quarter *(Schedule B)*.....
5. Adjusted total of Earned Income Tax due *(line 3 minus line 4)*.....
6. Interest (per month (or a fraction of) if paid after the due date x line 5).....
7. **Balance due with Return** (*add lines 5 and 6)* .....

8. Date period ended *(MM/DD/YYYY)*.....
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)

Title

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 *Check if making any corrections to Employee's Name/Address, SSN or Resident PSD*	(13) Gross Compensation Paid This Quarter	(14) Amount of EIT Withheld This Quarter	(15) Resident PSD Code
	☐			
	☐			
	☐			
	☐			

(16) First Page Total .....

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

There will be a $29.00 fee for returned payments.

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

Total Amount Enclosed..... **$**