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..... **$**

EMPLOYER QUARTERLY RETURN for Local Earned Income Tax Withholding

Employer Business Location:

DCEDE12

Mailing Address:

dced-e12-web 040912

WEB

Year / Quarter

Account #

(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
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INSTRUCTIONS

WHO MUST FILE:

If you have employed one or more individuals, other than domestic servants, for a salary, wage, commission, or other compensation, you must file a return for the first quarter in which you are required to withhold the Earned Income Tax from earnings, and each quarter thereafter.

If you have no employees for a tax period, a return must be filed indicating "no employees" for that quarter. All Pennsylvania based employers are required to withhold the tax based on the higher rate of either the employee's resident tax rate or employer's non-resident tax rate.

QUARTERLY RETURNS AND DUE DATES: A return must be filed for each quarter of the calendar year on the dates listed below unless the date falls on a Saturday or Sunday then the due date becomes the next business day.

1st quarter: January, February, March .....Due on or Before April 30
2nd quarter: April, May, June .....Due on or Before July 31
3rd quarter: July, August, September ..... Due on or Before October 31
4th quarter: October, November, December .....Due on or Before January 31

NOTE: Delinquent fee may be assessed for failure to file a required Employer Quarterly Earned Income Tax return.

WHERE TO FILE:

To file your Employer Quarterly Return electronically, visit our website at www.berk-e.com.
If you choose not to use an online filing option, you can mail your return and payment to the address noted at the bottom of this form.

EMPLOYER QUARTERLY RETURN

ITEM 1: Total Earned Income Tax withheld from all employees' wages during the quarter.

ITEM 2: Credit or Adjustment (attach explanation). Line is for the correction of tax withheld for the preceding quarter(s) of the same calendar year. Explanation should include details showing year/quarter, social security number (s) and the revised amount for each individual.

ITEM 3: Total of Earned Income Tax Due (Line 1 minus Line 2)

ITEM 4: Total Payments made this quarter.

ITEM 5: Adjusted total of EIT Due (line 3 minus line 4).

ITEM 6: Interest must be calculated at the rate indicated, per month (or days) after due date. Multiply rate by line 5.

ITEM 7: Balance due with return (add lines 5 and 6).

ITEM 8 THRU 12: These items are self-explanatory. Note: Item 12 must be employee's street address. PO Boxes are not acceptable addresses for filing purposes

ITEM 13: Gross Compensation Paid This Quarter - List Gross Wages Paid to each employee this quarter.
With the passage of Pennsylvania Act 48 of 1994, it is no longer possible for us to remit to the City of Philadelphia any monies which you have collected for employees. If you need to set up an account with the City of Philadelphia you may call them at 215-686-6600.

ITEM 14: Amount of Tax Withheld This Quarter- List amount of Earned Income Tax Withheld by you for each employee this quarter. Enter "0" if no Tax withheld this quarter for employee listed.

ITEM 15: PSD Code - Please list for each employee the 6 digit PSD Code of the CITY, BOROUGH, or TOWNSHIP in which the employee resides so the Earned Income Tax Administrator may distribute the tax to the proper taxing jurisdiction.

ITEM 16: Include Total Taxable Gross Wages and Earned Income Tax Withheld.

ADDITIONAL FILING INSTRUCTIONS

The Employer Quarterly Return has been prepared by the Earned Income Tax Office to the Department of Community and Economic Development (DCED). When the front of this form has employees listed in sections 11-15 it is based on the list of employees submitted by the employer. In order to assure proper credit to your account, employers are required to perform the following:

- CHECK THE BOX to the left of each employee if any changes or additions are made to that line. Address changes submitted must be actual street address of the employee. PO Boxes are not acceptable addresses for filing purposes.
- Draw a line through the name of any employee who has terminated employment for any reason prior to the end of the preceding quarter.
- Write a "0" in column fourteen (14) for any employee who has had a leave of absence and received no taxable earnings during the quarter.
- Indicate any change or correction in employee's name, address, social security number, or resident taxing jurisdiction (PSD). Add if not shown.
- Add the name, address, social security number and correct taxing jurisdiction of any new employee.

REMIT TO:
BERKHEIMER TAX INNOVATIONS
PO BOX 25132
LEHIGH VALLEY, PA 18002-5132