PO Box 25132 Lehigh Valley, PA 18002-51	er 32		I	MPL _oca PAGE								hho	ldin	g		Qs o	r to fil	e onl	line					
																жур Плэ								
Mailing Address:											Er	nail												
											Pł	one	numl	ber										
											Lo	catio	n of l	Busi	ines	SS								
											Ye	ar / C	Quart	er										
				_	_			_			Ac	cour	nt											
_						E		E	3															
																			-					
Municipal Taxing Authority (City, Boro	ugh, or	lownshi	ip) in Wh	ich Fac		r Bus	iness	is Loci	ated	I (Atte	ich lis	sting o	of mul	tiple	loca	ations	within	n PA if	' app	licable	e)			
County					<u> </u>	Busi	ness F	hone	l Nun	nber	l (if at	ove i	s inco	rrect	t)		Busir	l Iess F	ax N	l lumbe	er i			
Employer PSD Code F	ederal E	EIN or S	iocial Se	curity #				Acco	unt l	Numb	er						Yea	r			(Quarter		
1. Total Earned Income Tax withheld									8.	Date p	period	ended	1 (<i>MM</i> /	/DD/\		Y)								
2. Credit or adjustment (attach explanation).			ĺ		Î				9	Total p	ages	of this	Returr	יייי ו			[ĺ		ĺ			
3. Total of Earned Income Tax due (line 1 minus line	2)								10.	Total	numbe	r of em	ployee	s listeo	d									
4. Total payments made this quarter (Schedule B)				Ĺ																	er of bi ner and			
5. Adjusted total of Earned Income Tax due (line 3 minus line	4)									ok pla	ace.				_	0			1030			u uale		nange
6. Interest (per month (or a fraction after the due date x line 5)				,						l		Chang	ge			No C	hange	1						
				,					Do	o you	expe		pay ta	axabl	_	-	next q	uarte	r?					
7. Balance due with Return (add lines 5 and 6)				Ĺ,								Yes		L		No								
Under penalties of perjury, I (we) decl			ave exa	mined t			tion, ii ie, cor					anying	g sche	dule	s ar	nd sta	temer	its and	d to t	the be	est of m	y (our)	beliet	, they
Primary Contact Individual (First Nam	e, Last N	Name)					ГТ ГТ												Т				1	
Primary Contact Phone Number		٦	Prim	ary Co	ntact I	Email	Addre	ess				Τ_							Т				1	
Signature of Primary Contact Individua	al														Da	ate (N	IM/DD	/YYY	Υ)					
																	1					7		
(11) Employee's Social Security Number	Check if n	naking ai	ree's Na ny correcti s, SSN or	ions to E	mploy		(13) Gr Pa		Com his C							moun d This				(*			t
			3, 001101	Residen																				
									,							,								
									,							,								
									,							,								
(16) First Page Total									Í														1	
Make checks payable to: HAB-E							,		,							,								
There will be a \$29.00 fee for returned There will be an additional fee assess			nt is end	losed f	ortax	due :	at time	of filir	าต	To	otal A	mou	int Er	າດໄດ	sed	\$								
									9							· · · · · ·		-	,		,			

EMPLOYER QUARTERLY RETURN for Local Earned Income Tax Withholding

Employer Business Location:

Mailing Address:



Year / Quarter

DCEDE12

dced-e12-web 040912

(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	s	(13) GROSS COMPENSATION PAID THIS QUARTER									(14) AMOUNT OF EIT WITHHELD THIS QUARTER									(15) RESIDENT PSD CODE					
														ĺ												
																					T					
														ļ												
						-			_					,												
														,							T					
						-																				
																					T					
									Ī					,							T					
(16 THIS PAGE TOTAL	·																									
	2016.01) 1.12	2			,		- 1				L		,	- 1		-									





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