

PAYROLL PREPARATION TAX

Quarter \_\_\_ Year \_\_\_\_\_

Acct-#: \_\_\_\_\_  
District #: \_\_\_\_\_



Remit check or money order 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		,		,		.	
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](mailto:eBPT@goberk.com) Website: [www.hab-inc.com](http://www.hab-inc.com)

DO NOT WRITE BELOW THIS LINE

**WEB**