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 Website: www.hab-inc.com

DO NOT WRITE BELOW THIS LINE

WEB