CLGS-32-5 (8-11)

EMPLOYER QUARTERLY RETURN
Local Earned Income Tax Withholding

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

EMPLOYER BUSINESS NAME (Use Federal ID Name)			
EMPLOYER BUSINESS LOCATION - STREET ADDRESS (**No** PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY OR POST OFFICE		STATE	ZIP
MUNICIPAL TAXING AUTHORITY (City, Borough, Township) IN WHICH FACILITY OR BUSINESS IS LOCATED *(Attach listing of multiple locations within PA if applicable)*			
COUNTY	BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	
EMPLOYER PSD CODE	FEDERAL EIN OR SOCIAL SECURITY #	ACCOUNT NUMBER	YEAR AND QUARTER

1. Total Earned Income Tax Withheld	$
2. Credit or Adjustment (attach explanation)	$
3. Adjusted Total of Earned Income Tax	$
4. Penalty & Interest (____% per month)	$
5. Total Amount of Tax Due	$
6. Total Payments Made this Quarter (Schedule B) . .	$
7. **Balance Due with Return** *(Item 6 Minus 7)*	$

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	(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: _____
There will be a $_____ fee for returned payments & checks.

TOTAL Amount Enclosed . . . . . $

CLGS-32-5 (8-11)

EMPLOYER QUARTERLY RETURN for Local Earned Income Tax Withholding

Employer Business Location: _____ Year and Quarter: _____

(11) EMPLOYEE'S SOCIAL SECURITY NUMBER	(12) EMPLOYEE'S NAME/ADDRESS	(13) GROSS COMPENSATION PAID THIS QUARTER	(14) AMOUNT OF EIT WITHHELD THIS QUARTER	(15) RESIDENT PSD CODE
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
(16) THIS PAGE TOTAL		$	$	