



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.

Check if making any corrections to **EMPLOYER'S** Name & Address

File **ONLINE** at www.KeystoneCollects.com

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			
COUNTY	BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	
EMPLOYER PSD CODE	FEDERAL EIN OR SOCIAL SECURITY #	ACCOUNT NUMBER	YEAR AND QUARTER

INCLUDE ONLY W-2 WAGE EARNERS FROM BUSINESS PAYROLL

1. Total Earned Income Tax Withheld \$ <input type="text"/>	8. Date Period Ended (MMDDYYYY) <input type="text"/>
2. Credit or Adjustment (attach detail) \$ <input type="text"/>	9. Total Pages of This Return <input type="text"/>
3. Total of Earned Income Tax Due (line 1 minus line 2) . . \$ <input type="text"/>	10. Total Number of Employees Listed <input type="text"/>
4. Total Payments Made this Quarter \$ <input type="text"/>	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. <input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE
5. Adjusted Total of EIT Due (line 3 minus line 4) \$ <input type="text"/>	
6. Penalty & Interest (___% per month after due date x line 5) \$ <input type="text"/>	Do you expect to pay taxable wages next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Balance Due with Return (Add lines 5 and 6) \$ <input type="text"/>	

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)

INCLUDE ONLY W-2 WAGE EARNERS FROM BUSINESS PAYROLL

(11) EMPLOYEE'S SOCIAL SECURITY NUMBER	(12) EMPLOYEE'S NAME/ADDRESS <small>Check box if making any corrections to EMPLOYEE'S Name/Address, SSN, or Resident PSD</small>	(13) GROSS COMPENSATION PAID THIS QUARTER	(14) AMOUNT OF EIT WITHHELD THIS QUARTER	(15) RESIDENT PSD CODE
<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
(16) FIRST PAGE TOTAL		\$ <input type="text"/>	\$ <input type="text"/>	

Make check payable to: **KEYSTONE COLLECTIONS GROUP**
 There will be a \$29 bank fee for returned payments and checks.

TOTAL Amount Enclosed \$

