



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. Please contact our office.

Check here if this is an Amended Return

File online at www.statecollegepa.us

EMPLOYER BUSINESS NAME (Use Federal ID Name)																							
EMPLOYER BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR)																							
SECOND LINE OF ADDRESS																							
CITY		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																				
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1. Total WAGES paid this quarter	\$
2. Total EARNED INCOME TAX Withheld	\$
3. Less credit, adjustment or previous payment made this quarter (attach explanation)	\$
4. Total of Earned Income Tax Due (line 2 minus line 3)	\$
5. Plus Penalty: Line 4 times monthly rate of 1% (if paid late) times number of months late	\$
6. Plus Interest: Line 4 times daily rate of 0.000164 (if paid late) times number of days late	\$
7. Balance Due with Return (Add lines 4, 5 and 6)	\$

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. <input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE	
Do you expect to pay taxable wages next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> 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										
				(16) WORKSITE PSD										
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(17) FIRST PAGE TOTAL		\$	\$											

Make Checks payable to: **CENTRE TAX AGENCY**
 There will be a \$25 bank fee for returned payments & checks. TOTAL Amount Enclosed \$

NOT to be filed with the PA Department of Revenue. Please file with CENTRE TAX AGENCY.

EMPLOYER QUARTERLY RETURN for Local Earned Income Tax Withholding

Employer Business Name: _____ 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
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(17) THIS PAGE TOTAL		\$	\$	