

EMPLOYER'S RETURN OF LOCAL INCOME TAX WITHHELD

Local Tax Jurisdiction Return

EMPLOYER INFORMATION

Business Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Federal EIN:

Local Account No:

FILING PERIOD & DUE DATE

Tax Year:

Quarter / Month:

Period End Date:

Return Due Date:

NO.	TAX CALCULATION DESCRIPTION	AMOUNT (\$)
1	Total Gross Subject Wages/Compensation Paid this Period	
2	Total Local Tax Withheld for the Period	
3	Adjustments (Attach explanation if applicable)	
4	Penalty Charges (If filing/paying late)	
5	Interest Charges (If filing/paying late)	
6	Total Amount Due (Sum of Lines 2 through 5)	

Filing Instructions: This return must be filed and the tax paid on or before the due date indicated above. Make checks payable to the local tax authority. Retain a copy of this return for your records.

DECLARATION & AUTHORIZED SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature

Title

Date

Prepared By (If other than taxpayer)

Phone Number

Email Address
