

# LOCAL EARNED INCOME TAX (EIT) WITHHOLDING REGISTER

Employer Name: _____  FEIN: _____  Local Tax Collector: _____	Tax Year / Quarter: _____  Pay Period End Date: _____  Payment Date: _____
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EE ID	EMPLOYEE NAME	SSN	RESIDENT MUNICIPALITY / SCHOOL DISTRICT	PSD CODE	TOTAL GROSS WAGES	LOCAL SUBJECT WAGES	RESIDENT TAX RATE (%)	NON-RES TAX RATE (%)	LOCAL TAX WITHHELD	STATUS
<b>TOTALS:</b>										