

EMPLOYER'S RETURN OF LOCAL INCOME TAX WITHHELD

Quarterly / Monthly Return Form

EMPLOYER NAME

TAX YEAR

QUARTER / PERIOD

ADDRESS

FEDERAL EIN

LOCAL ACCOUNT NUMBER

TAX COMPUTATION

NO.	TAX CALCULATION ITEM	AMOUNT (\$)
1.	Total Gross Wages Subject to Local Tax this Period	
2.	Local Income Tax Rate (%)	
3.	Total Tax Required to be Withheld (Line 1 x Line 2)	
4.	Adjustments (Prior period under or over-payment)	
5.	Penalty Charges (For late payment)	
6.	Interest Charges (For late payment)	
7.	Total Amount Remitted (Line 3 +/- Line 4 + Line 5 + Line 6)	

AUTHORIZED SIGNATURE _____

TITLE _____

DATE _____

I declare under penalties of law that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. Keep a copy of this return for your records.