QUARTERLY LOCAL INCOME TAX WITHHOLDING RETURN

Form L-1Q

EMPLOYER NAME		FEDERAL EIN	LOCAL ACCOUNT NUMBER
ADDRESS		TAX YEAR	QUARTER ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
CITY	STATE	ZIP CODE	PSD CODE (IF APPLICABLE)

WITHHOLDING TAX SUMMARY

NO.	TAX CALCULATION ITEM	AMOUNT
1.	Total Gross Wages Subject to Local Tax this Quarter	
2.	Total Local Tax Withheld during Quarter	
3.	Adjustments (Attach explanation)	
4.	Interest and Penalty (For late filing/payment)	
5.	**Total Amount Due / Remitted with this Return**	

EMPLOYEE BREAKDOWN (IF REQUIRED)

EMPLOYEE SSN	EMPLOYEE NAME	LOCAL WAGES	LOCAL TAX WITHHELD
Totals (Should agree with Summary above)			

DECLARATION AND 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 _____ DATE _____ TITLE _____

PHONE NUMBER _____ EMAIL ADDRESS _____