

## **EMPLOYER QUARTERLY RETURN Local Earned Income Tax Withholding**

JORDAN TAX SERVICE, INC. ACT 32 EMPLOYER PAYMENT 102 RAHWAY ROAD McMURRAY, PA 15317



You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

EMPLOYER BUSINESS NAME (Use Federal ID Name)							
EMPLOYER BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR)							
SECOND LINE OF ADDRESS							
CITY OR POST OFFICE			STATE	ZIP			
MUNICIPAL TAXING AUTHORITY (City, Borough, To	ownship) IN WHICH FACILITY OR BUSI	INESS IS LOCATED (Attach list	ing of multiple locations w	rithin PA if applicable)			
COUNTY	BUSINESS PHONE NUMBER		BUSINESS FAX NUMBER				
EMPLOYER PSD CODE FEDERAL EIN	OR SOCIAL SECURITY #	ACCOUNT NUMBER		YEAR AND QUARTER			
Total Earned Income Tax Withheld	\$	8. Date Period Ended (MM	//DD/YYYY)				
2. Credit or Adjustment (attach explanation) \$		9. Total Pages of This Return					
3. Total of Earned Income Tax Due (line 1 minus line 2) \$		10. Total Number of Employees Listed					
4. Total Payments Made this Quarter (Schedule B) \$		If there has been a change of ownership or other transfer of business during					
5. Adjusted Total of EIT Due (line 3 minus line 4)		the quarter, attach explanation and give name of present owner and date the change took place.  CHANGE  NO CHANGE					
6. Penalty & Interest ( Per month after due date x line 5 ) \$		CHANGE INGCHANGE					
7. Balance Due with Return (Add lines 5 and 6	Do you expect to pay taxable wages next quarter? Yes 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) EN	IPLOYEE'S NAME/ADDRESS	(13) GROSS COMPENSATION PAID THIS QUARTER	(14) AMOUNT OF E WITHHELD THIS QUARTER				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
(16) FIRST PAGE TOTAL		\$	\$				
Make Checks payable to: JORDAN TAX SERVICE, INC.		TOTAL AMOUNT ENCLO	SED \$				

Employer Business Location:\_\_\_\_\_\_\_\_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 CODE
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
(16) THIS PAGE TOTAL		\$	\$	