



YORK ADAMS TAX BUREAU

York: 717-845-1584
 Fax: 717-854-6376
 email: employer@yatb.com
 www.yatb.com

**EMPLOYER QUARTERLY RETURN
 EARNED INCOME TAX WITHHOLDING**

DO NOT WRITE IN THIS SPACE

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				
MUNICIPAL TAXING AUTHORITY (CITY, BOROUGH, TOWNSHIP) IN WHICH FACILITY OF BUSINESS IS LOCATED				
COUNTY	BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER		
EMPLOYER PSD CODE	FEDERAL EIN	YATB EMPLOYER ACCOUNT NUMBER	TAX YEAR	QUARTER

1. Total Earned Income Tax Withheld.....\$ _____ 2. Credit or Adjustment (attach explanation).....\$ _____ 3. Adjusted Total of Earned Income Tax.....\$ _____ 4. Penalty: 1% per month after due date.....\$ _____ 5. Interest: .000082 x # days tax remains unpaid....\$ _____ 6. Total Amount of Tax Due.....\$ _____ 7. Total Payments Made this Quarter.....\$ _____ 8. Balance Due with Return (item 6 minus 7).....\$ _____	9. Date Period Ended (MM/DD/YYYY)..... _____ 10. Total Pages This Return..... _____ 11. Total Number of Employees Listed..... _____ If there has been a change of ownership or other transfer of business during the quarter, attach explanation and give name of present owner and the date change took place. <input type="checkbox"/> change <input type="checkbox"/> no change Do you expect to pay taxable wages next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedule and statements and to the best of my (our) belief, they are true, accurate 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) Employee's Name/Address (No PO Boxes)	(13) Gross Compensation Paid this Quarter	(14) Amount of EIT Withheld this Quarter	(15) Resident PSD Code
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
(16) First Page Total.....		\$	\$	

MAKE CHECKS PAYABLE TO: YATB
 THERE WILL BE A **\$25.00** FEE FOR RETURNED PAYMENTS AND CHECKS.

REMIT TO:
 York Adams Tax Bureau
 1405 North Duke Street, PO Box 15627 York, PA 17405

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Employer Business Location: _____ Tax Year _____ Quarter _____

(11) Employee's Social Security Number	(12) Employee's Name/Address (No PO Boxes)	(13) Gross Compensation Paid this Quarter	(14) Amount of EIT Withheld this Quarter	(15) Resident PSD Code
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		\$	\$	
(16) First Page Total.....		\$	\$	