



DCEDE11REM

Scan for FAQs or to file online



Email

Phone number

Location of Business

Year / Quarter

Account

WEB

Municipal Taxing Authority (City, Borough, or Township) in Which Facility or Business is Located (Attach listing of multiple locations within PA if applicable)

[Grid for Municipal Taxing Authority]

County

[Grid for County]

Business Phone Number (if above is incorrect)

[Grid for Business Phone Number]

Business Fax Number

[Grid for Business Fax Number]

Employer PSD Code

[Grid for Employer PSD Code]

Federal EIN or Social Security #

[Grid for Federal EIN or Social Security #]

Account Number

[Grid for Account Number]

Year

[Grid for Year]

Quarter

[Grid for Quarter]

1. Total Earned Income Tax withheld.....	[Grid]
2. Credit or adjustment (attach explanation).....	[Grid]
3. Total of Earned Income Tax due (line 1 minus line 2).....	[Grid]
4. Total payments made this quarter (Schedule B).....	[Grid]
5. Adjusted total of Earned Income Tax due (line 3 minus line 4).....	[Grid]
6. Interest (per month (or a fraction of) if paid after the due date x line 5).....	[Grid]
7. Late Filing Fee.....	[Grid]
8. Balance due with Return (add lines 5+6+7).....	[Grid]

9. Date period ended (MM/DD/YYYY).....	M	M	D	D	Y	Y	Y	Y
10. Total pages of this Return	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]
11. Total number of employees listed	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]

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 date the change took place.

Change No Change

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)

[Grid for Primary Contact Individual Name]

[Grid for Title]

Primary Contact Phone Number [Grid]

Primary Contact Email Address [Grid]

Signature of Primary Contact Individual [Grid]

Date (MM/DD/YYYY) [Grid]

(12) Employee's Social Security Number	(13) Employee's Name/Address <small>Check if making any corrections to Employee's Name/Address, SSN or Resident PSD</small>	(14) Gross Compensation Paid This Quarter	(15) Amount of EIT Withheld This Quarter	(16) Resident PSD Code
[Grid]	<input type="checkbox"/>	[Grid]	[Grid]	[Grid]
[Grid]	<input type="checkbox"/>	[Grid]	[Grid]	[Grid]
[Grid]	<input type="checkbox"/>	[Grid]	[Grid]	[Grid]
[Grid]	<input type="checkbox"/>	[Grid]	[Grid]	[Grid]

(17) First Page Total

[Grid for Total Amount Enclosed]

Make checks payable to: HAB-EIT

There will be a \$29.00 fee for returned payments.

There will be an additional fee assessed if no payment is enclosed for tax due at time of filing.

Total Amount Enclosed..... \$

[Grid for Total Amount Enclosed]