

ORIGINAL-EARNED INCOME TAX QUARTERLY REPORT

NORTH FAYETTE TOWNSHIP AND WEST ALLEGHENY SCHOOL DISTRICT

**MAKE CHECK PAYABLE
And RETURN TO**



EARNED INCOME TAX COLLECTOR
P.O. BOX 239
OAKDALE, PA 15071
TELEPHONE: (724) 693-9190

OFFICE HOURS: 9:00 A.M. TO 4:00 P.M.
MONDAY THROUGH THURSDAY

EMPLOYED BY: (NAME AND ADDRESS)

SOCIAL SEC. NO.

FOR THE
YEAR OF:

ACCOUNT
NUMBER:

00000

X

SIGNATURE

DATE

THIS IS A TRUE AND COMPLETE STATEMENT.

THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
Jan. 1 thru Mar. 31	Apr. 1 thru Jun. 30	Jul. 1 thru Sept. 30	Oct. 1 thru Dec. 31
DUE APRIL 30th	DUE JULY 31st	DUE OCT. 31st	DUE JAN. 31st

1. EARNED INCOME AND/OR NET PROFITS FOR PERIOD CHECKED	\$ _____
2. TAX DUE AT 1% OF LINE 1 (MULTIPLY LINE 1 BY .01)	\$ _____
3. CREDIT FOR OVERPAYMENT FROM PREVIOUS YEARS	\$ _____
4. AMOUNT DUE WITH THIS RETURN LINE 2 MINUS LINE 3	\$ _____

PROCESSED BY	DATE	CHECK OR M.O. NO.	CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>	M.O. <input type="checkbox"/>
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FOR USE AFTER DUE DATE	1. TAX DUE (FROM LINE 4. ABOVE)	\$ _____
	2. PENALTY & INT. @ 1% PER MONTH	\$ _____
	3. TOTAL AMOUNT PAID →	\$ _____

INDICATE ANY CHANGES ON REVERSE SIDE

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TAXPAYER'S COPY - RETAIN THIS PORTION FOR YOUR RECORDS**THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]**

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IMPORTANT: CHANGES IN YOUR TAX LIABILITY, ADDRESS, SOURCES OF INCOME, ETC.

Complete any of the following sections that apply.

1. If your liability for this tax has been ceased: Effective date _____
Reason Moved to (Address) _____
 Other (explain) _____
2. If your name or address has changed: Effective date _____
Changed to _____
This change in residence address only mailing address only both
NOTE: If this is a residence change and you continue to reside in the area, are you now an owner or tenant
3. If there has been a change in your tax reporting method: Effective date _____
 Change in employer Previous _____
New _____
Address _____
 Tax now being withheld by employer. Tax no longer being withheld by employer.
4. If there has been additions to and/or changes in source/s of income, not previously reported, supply details.

COMPLETE FILING COPY ALSO