Southwest Regional Tax Bureau
ONE CENTENNIAL WAY
SCOTTDALE, PA 15683

Phone: 724-887-5320
Electronic Filing @ www.swrtb.org

EMPLOYER'S QUARTERLY EARNED INCOME TAX RETURN

DUE DATE

1. Total Tax Withheld $_____

2. Tax previously paid this quarter $_____

3. Balance to be paid $_____

Check #_____

I declare under the penalties provided by law that this Return and attached statements have been examined by me and to the best of my knowledge and belief is true, correct, and complete return.

PERIOD ENDING	EMPLOYER I.D. NUMBER	YEAR / QUARTER

Employer FEIN _____

Employer Telephone# _____

Employer Fax# _____

Employer Email _____

_____
SIGNATURE TITLE DATE

EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME & ADDRESS	PSD #	AMOUNT OF TAX WITHHELD	TOTAL WAGES PAID THIS QUARTER
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