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.

Employer Name: _____

Physical Location: _____

_____

PERIOD ENDING	EMPLOYER I.D. NUMBER	YEAR / QUARTER

Employer FEIN _____

Employer Telephone # _____ _____

SIGNATURE TITLE DATE

Employer Fax # _____

Employer Email _____ Worksite PSD # _____

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