

**ORIGINAL-EARNED INCOME TAX QUARTERLY REPORT
TOWNSHIP AND SCHOOL DISTRICT OF UPPER ST. CLAIR**

**MAKE CHECK PAYABLE
And RETURN TO**

**TOWNSHIP OF UPPER ST. CLAIR
UPPER ST. CLAIR TAX OFFICE
1820 McLAUGHLIN RUN ROAD
UPPER ST. CLAIR, PA 15241-2398
TELEPHONE: (412) 831-9000**

OFFICE HOURS 8:00 A.M. TO 4:00 P.M.
MONDAY THROUGH FRIDAY

EMPLOYED BY: (NAME AND ADDRESS) _____ ACCOUNT NUMBER _____

FOR THE
YEAR OF:

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 DUE APRIL 30th	Apr. 1 thru Jun. 30 DUE JULY 31st	Jul. 1 thru Sept. 30 DUE OCT. 31st	Oct. 1 thru Dec. 31 DUE JAN. 31st		
1. EARNED INCOME AND/OR NET PROFITS FOR PERIOD CHECKED				\$	_____
2. TAX DUE AT 1.3 % OF LINE 1 (MULTIPLY LINE 1 BY .013)				\$	_____
3. CREDIT FOR OVERPAYMENT FROM PREVIOUS YEAR/S				\$	_____
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"/>
FOR USE AFTER DUE DATE				1. TAX DUE (FROM LINE 4. ABOVE)	\$ _____
				2. PENALTY & INT. @ 1% PER MONTH	\$ _____
				3. TOTAL AMOUNT PAID →	\$ _____

TAXPAYER'S COPY - RETAIN THIS PORTION FOR YOUR RECORDS

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**NOTICE:
INDICATE
CHANGES
ON
REVERSE
OF
RETURN
ENVELOPE**

RETURN THIS SECTION

X _____ SIGNATURE _____ DATE _____

THIS IS A TRUE AND COMPLETE STATEMENT.