

ORIGINAL-EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD
 TOWNSHIP OF UPPER ST. CLAIR & UPPER ST. CLAIR SCHOOL DISTRICT

**MAKE CHECK PAYABLE
 And RETURN TO**



TOWNSHIP OF UPPER ST. CLAIR
 Tax Office
 1820 McLaughlin Run Road
 Upper St. Clair, PA 15241
 Telephone - (412) 831-9000

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

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER:

**FOR THE
 YEAR OF:**

**ACCOUNT
 NUMBER:**

SIGNATURE

TITLE

THIS IS A TRUE AND COMPLETE STATEMENT.

DATE

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 30	Apr. 1 thru Jun. 30 DUE JULY 31	Jul. 1 thru Sept. 30 DUE OCT. 31	Oct. 1 thru Dec. 31 DUE JAN. 31

(*) NOTE: IF NO WAGES PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION.

1. NUMBER OF EMPLOYEES TAXABLE:
 RESIDENT _____ NON-RES. _____ TOTAL _____

2. (*) TOTAL SALARIES, WAGES, COMMISSIONS,
 AND OTHER COMPENSATION PAID TO ALL
 TAXABLE EMPLOYEES (Attach Detail) _____

3. ACTUAL TAX WITHHELD AT 1.3 % _____

4. PENALTY AND INTEREST 1% PER MONTH
 FROM DATE DUE _____

5. TOTAL REMITTED (Sum of Line 3 Plus Line 4) _____

PROCESSED BY	DATE	CHECK OR M.O. NO.	CHECK	CASH	M.O.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>