HARRIS TOWNSHIP TAX OFFICE
224 EAST MAIN STREET
P.O. BOX 20
BOALSBURG, PA 16827
(814) 466-6205

PERIOD ENDING	EMPLOYER I.D. NUMBER	DUE DATE

EMPLOYER'S QUARTERLY EARNED INCOME TAX RETURN

PAGE _____

1. TOTAL GROSS WAGES PAID $ _____
2. LESS EXEMPT WAGES < $ _____ >
   (ATTACH EXEMPTION SHEET)
3. TOTAL TAXABLE WAGES PAID $ _____
4. EARNED INCOME TAX WITHHELD $ _____
5. INTEREST & PENALTY - (1% OF LINE #4 PER MONTH FROM DUE DATE) $ _____
6. AMOUNT DUE WITH THIS RETURN $ _____

I DECLARE UNDER THE PENALTIES PROVIDED B LAW THAT THIS RETURN AND ATTACHED STATEMENTS HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE RETURN.

SIGNATURE _____ TITLE _____ DATE _____

EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME AND ADDRESS	EMPLOYEES RESIDENT TAXING DISTRICT	TOTAL WAGES PAID THIS QUARTER	AMOUNT OF TAX WITHHELD
		PAGE TOTALS >		

RETURN ONE COPY
WITH PAYMENT