

ORIGINAL-EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

**MAKE CHECK PAYABLE
and RETURN TO**

OFFICE HOURS: 8:00 AM TO 4:30 PM
MONDAY THROUGH FRIDAY



102 RAHWAY ROAD
McMURRAY, PA 15317-3349

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER:

FOR THE YEAR OF:

ACCOUNT NUMBER:

SIGNATURE/TITLE

DATE

THIS IS A TRUE AND COMPLETE STATEMENT

THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]

1.

Jan. 1 - Mar. 31
DUE APR. 30

2.

Apr. 1 - Jun. 30
DUE JUL. 31

3.

Jul. 1 - Sept. 30
DUE OCT. 31

4.

Oct. 1 - Dec. 31
DUE JAN 31

You may pay by **Credit Card** or **eCheck** at <http://www.jordantax.com/payments>
Use eCode CWA. (A third-party processing fee will be charged for this service)

(*) NOTE: IF NO TAX WITHHELD THIS QUARTER, MARK "NONE" AND RETURN THIS FORM.

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 _____

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

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

PROCESSED BY

DATE

CHECK OR M.O. NO.

CHECK

CASH

M.O.