

JORDAN TAX SERVICE, INC.
Allegheny County Southwest Tax Collection District
7100 BAPTIST RD
BETHEL PARK PA 15102-3908



Make Check Payable to:

ALLEGHENY COUNTY SOUTHWEST TCD (ACSWTCD)

For additional information
regarding Act 32, visit
jordantax.com/act32

Mailing Address:

JORDAN TAX SERVICE, INC
ALLEGHENY COUNTY SOUTHWEST TCD
7100 BAPTIST ROAD
BETHEL PARK PA 15102-3908

Allegheny County SOUTHWEST Tax Collection District Resident PSD Codes and Tax Rates		
PSD CODE	TAX ENTITY NAME	TAX RATE
731602	STOWE TWP	1.00
731701	UPPER ST CLAIR TWP	1.30
731801	FINDLAY TWP	1.00
731802	NORTH FAYETTE TWP	1.00
731803	OAKDALE BORO	1.00
731901	JEFFERSON HILLS BORO	1.00
731902	PLEASANT HILLS (WJHSD)	1.00
731903	WEST ELIZABETH BORO	1.00
732001	WEST MIFFLIN BORO	1.00
732002	WHITAKER BORO	1.00

1ST QUARTER ESTIMATED Local Earned Income Tax

DUE 4/30/2013

If you moved enter the effective date: ____/____/____
 Check here if address change also applies to spouse. ☐
 Make any corrections to NAME, STREET ADDRESS
 or RESIDENT MUNICIPALITY and check here. ☐
 INCLUDE INFO IF NOT SHOWN.

Work Location PSD Code					

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify)

☐ **Check here if ALL TAX IS WITHHELD by employer(s).**
Do not complete information requested on Lines 1 thru 6.

6. TOTAL PAYMENT DUE (add lines 4 & 5)

Payable to: ACSWTCD

[illegible]

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Resident PSD Code

7 3

Work Location PSD Code

Resident Municipality: _____

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify) _____

☐ **Check here if ALL TAX IS WITHHELD by employer(s).**
Do not complete information requested on Lines 1 thru 6.

2ND QUARTER ESTIMATED Local Earned Income Tax

DUE 7/31/2013

If you moved enter the effective date: ____/____/____
Check here if address change also applies to spouse. ☐
Make any corrections to NAME, STREET ADDRESS
or RESIDENT MUNICIPALITY and check here. ☐
INCLUDE INFO IF NOT SHOWN.

1. Earned Income and/or net profits
(must enter amount) April 1 thru June 30
2. Tax rate of _____ multiplied by line 1
3. Employer Withheld (April 1 thru June 30 Only)
4. TAX DUE: (line 2 minus line 3)
5. Penalty and Interest: Line 4 multiplied by
1% per month if paid after the due date
6. TOTAL PAYMENT DUE (add lines 4 & 5)

Payable to: ACSWTCD

Social Security Number

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Resident PSD Code

7 3

Work Location PSD Code

Resident Municipality: _____

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify) _____

☐ **Check here if ALL TAX IS WITHHELD by employer(s).**
Do not complete information requested on Lines 1 thru 6.

CUT ALONG DOTTED LINE and RETURN THIS PORTION WITH YOUR PAYMENT

3RD QUARTER ESTIMATED Local Earned Income Tax

DUE 10/31/2013

If you moved enter the effective date: ____/____/____
Check here if address change also applies to spouse. ☐
Make any corrections to NAME, STREET ADDRESS
or RESIDENT MUNICIPALITY and check here. ☐
INCLUDE INFO IF NOT SHOWN.

1. Earned Income and/or net profits
(must enter amount) July 1 thru Sept. 30
2. Tax rate of _____ multiplied by line 1
3. Employer Withheld (July 1 thru Sept 30 Only)
4. TAX DUE: (line 2 minus line 3)
5. Penalty and Interest: Line 4 multiplied by
1% per month if paid after the due date
6. TOTAL PAYMENT DUE (add lines 4 & 5)

Payable to: ACSWTCD

Social Security Number

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Resident PSD Code

7 3

Work Location PSD Code

Resident Municipality: _____

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify) _____

☐ **Check here if ALL TAX IS WITHHELD by employer(s).**
Do not complete information requested on Lines 1 thru 6.

CUT ALONG DOTTED LINE and RETURN THIS PORTION WITH YOUR PAYMENT

4TH QUARTER ESTIMATED Local Earned Income Tax

DUE 1/31/2014

If you moved enter the effective date: ____/____/____
Check here if address change also applies to spouse. ☐
Make any corrections to NAME, STREET ADDRESS
or RESIDENT MUNICIPALITY and check here. ☐
INCLUDE INFO IF NOT SHOWN.

1. Earned Income and/or net profits
(must enter amount) Oct. 1 thru Dec. 31
2. Tax rate of _____ multiplied by line 1
3. Employer Withheld (Oct. 1 thru Dec. 31 Only)
4. TAX DUE: (line 2 minus line 3)
5. Penalty and Interest: Line 4 multiplied by
1% per month if paid after the due date
6. TOTAL PAYMENT DUE (add lines 4 & 5)

Payable to: ACSWTCD

Social Security Number