CLGS-32-3 (1-17)

QUARTERLY ESTIMATED
Local Earned Income Tax

KEYSTONE collections group®
PO Box 539
Irwin, PA 15642-0539

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

Taxpayer Helpline: 1-888-328-0565

As a Pennsylvania taxpayer, you are required to report your income and pay local earned income taxes quarterly if you are:

- Self-employed
- Working from home
- Employed, but your employer does not withhold your local earned income taxes,
- Reporting Form 1099 earned income

e-file

To pay your taxes online, go to: www.KeystoneCollects.com, select "Taxpayer Resources" and choose *e-file.* If you prefer to pay by mail, use the vouchers provided below.

Quarterly estimate payments are due within 15 days after the close of each calendar quarter to avoid penalty, interest and costs. Supply your resident Political Subdivision Code (PSD Code) in the "Resident PSD Code" field below. If you live in a different taxing jurisdiction from where you work, also supply the PSD Code in the "Work Location PSD Code" field below. To find your PSD Code(s), go to www.KeystoneCollects.com, select "Business Resources", then "Find your PSD Code".

In accordance with PA Act 150 of 2016, Sec. 2(e)(4), this letter shall notify the taxpayer that penalty may accrue on unpaid tax after 30 days following the tax payment deadline. Report on Line 5 on attached voucher(s).

TRIM ALONG DOTTED LINE

CLGS-32-3 (1-13)

1st QUARTER ESTIMATED Local Earned Income Tax

Due Date: 04/15/2017

e-file 2017

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.

Name
Address
City
State
&
Zip

Resident PSD Code ☐☐☐☐☐☐

Work Location PSD Code ☐☐☐☐☐☐

Resident Municipality:_____

1. **Earned Income** and/or net profits ***(must enter amount)*** January 1 thru March 31 . . .	.00
2. Tax Rate of _____ multiplied by line 1	.00
3. Employer Withheld (January 1 thru March 31 Only) . .	.00
4. TAX DUE: *(line 2 minus line 3)*	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date	.00
6. **TOTAL PAYMENT DUE** *(add lines 4 & 5)*	.00

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.

Payable to: **KEYSTONE COLLECTIONS GROUP**

Social Security Number ☐☐☐☐☐☐☐☐☐

DO NOT WRITE BELOW THIS LINE

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CLGS-32-3 (1-13)

2nd QUARTER ESTIMATED Local Earned Income Tax

Due Date: 07/15/2017

e-file 2017

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.

Name
Address
City
State
&
Zip

Resident PSD Code | | | | | | |

Work Location PSD Code | | | | | | |

Resident Municipality:_____

1. **Earned Income** and/or net profits ***(must enter amount)*** April 1 thru June 30	.00
2. Tax Rate of _____ multiplied by line 1	.00
3. Employer Withheld (April 1 thru June 30 Only)	.00
4. TAX DUE: *(line 2 minus line 3)*	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date	.00
6. **TOTAL PAYMENT DUE** *(add lines 4 & 5)*	.00

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.

Payable to: **KEYSTONE COLLECTIONS GROUP**

Social Security Number | | | | | | | | | |

DO NOT WRITE BELOW THIS LINE

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CLGS-32-3 (1-13)

3rd QUARTER ESTIMATED Local Earned Income Tax

Due Date: 10/15/2017

e-file 2017

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.

Name
Address
City
State
&
Zip

Resident PSD Code | | | | | | |

Work Location PSD Code | | | | | | |

Resident Municipality:_____

1. **Earned Income** and/or net profits ***(must enter amount)*** July 1 thru September 30 . . .	.00
2. Tax Rate of _____ multiplied by line 1	.00
3. Employer Withheld (July 1 thru September 30 Only) . .	.00
4. TAX DUE: *(line 2 minus line 3)*	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date	.00
6. **TOTAL PAYMENT DUE** *(add lines 4 & 5)*	.00

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.

Payable to: **KEYSTONE COLLECTIONS GROUP**

Social Security Number | | | | | | | | | |

DO NOT WRITE BELOW THIS LINE

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TRIM ALONG DOTTED LINE

CLGS-32-3 (1-13)

4th QUARTER ESTIMATED Local Earned Income Tax

Due Date: 01/15/2018

e-file 2017

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.

Name
Address
City
State
&
Zip

Resident PSD Code | | | | | | |

Work Location PSD Code | | | | | | |

Resident Municipality:_____

1. **Earned Income** and/or net profits ***(must enter amount)*** October 1 thru December 31 . .	.00
2. Tax Rate of _____ multiplied by line 1	.00
3. Employer Withheld (October 1 thru December 31 Only) .	.00
4. TAX DUE: *(line 2 minus line 3)*	.00
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date	.00
6. **TOTAL PAYMENT DUE** *(add lines 4 & 5)*	.00

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.

Payable to: **KEYSTONE COLLECTIONS GROUP**

Social Security Number | | | | | | | | | |

DO NOT WRITE BELOW THIS LINE

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