



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Resident PSD Code

Work Location PSD Code

7 0 [ ] [ ] [ ] [ ] [ ] [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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 7/15/2025**

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.

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

**Payable to: ACCTCD**

Social Security Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Resident PSD Code

Work Location PSD Code

7 0 [ ] [ ] [ ] [ ] [ ] [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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 10/15/2025**

If you moved enter the effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Change also applies to spouse.   
Make any corrections to NAME, STREET ADDRESS  
or RESIDENT MUNICIPALITY and check here.   
INCLUDE INFO IF NOT SHOWN.

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

**Payable to: ACCTCD**

Social Security Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Resident PSD Code

Work Location PSD Code

7 0 [ ] [ ] [ ] [ ] [ ] [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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 1/15/2026**

If you moved enter the effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Change also applies to spouse.   
Make any corrections to NAME, STREET ADDRESS  
or RESIDENT MUNICIPALITY and check here.   
INCLUDE INFO IF NOT SHOWN.

- Earned Income and/or net profits (must enter amount) Oct. 1 thru Dec. 31 . . . . .
- Tax rate of \_\_\_\_\_ multiplied by line 1 . . . . .
- Employer Withheld (Oct. 1 thru Dec. 31 Only) . . . . .
- TAX DUE: (line 2 minus line 3) . . . . .
- Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date . . . . .
- TOTAL PAYMENT DUE (add lines 4 & 5) . . . . .

**Payable to: ACCTCD**

Social Security Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]