

PAYROLL PREPARATION TAX

Quarter ___ Year _____

Acct-#: _____
District #: _____



Remit check or money order payable to HAB-PPT to :

HAB-PPT
PO BOX 20087
LEHIGH VALLEY, PA 18002-0087

Name _____
Address _____
City _____
State _____
ZIP _____

Signature _____ Date _____

Email _____ Phone _____

1. WAGES FROM QUARTERLY PAYROLL										
2. RENTAL/SELF-EMPLOYMENT INCOME										
3. TOTAL TAXABLE INCOME (LINE 1+2)										
4. TAX RATE MULTIPLIED BY LINE 3										
5. INTEREST OF 6.000% PER ANNUM IF PAID AFTER DUE DATE										
6. PENALTY OF 1.000% PER MONTH IF PAID AFTER DUE DATE										
7. TOTAL AMOUNT DUE (LINE 4+5+6)										

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Email: eBPT@goberk.com Website: www.hab-inc.com

DO NOT WRITE BELOW THIS LINE



WEB