

EMPLOYER NAME AND ADDRESS

	QTR	
BUREAU ACCOUNT NO.		
		TAX YEAR
FEDERAL EIN		

**FORM 319**

**EMPLOYER'S QUARTERLY  
COMPENSATION TAX RETURN**

YORK ADAMS TAX BUREAU  
P.O. BOX 15627, YORK, PA. 17405  
(717) 812-0759

\$

+ OR -

\$

=

1.

2.

3.

4.

TOTAL TAX WITHHELD DURING THIS QUARTER

PRIOR PERIOD ADJUSTMENT

PENALTY - .005 X LINE 1 FOR EACH MONTH TAX IS PAST DUE.

INTEREST - .000164 X LINE 1 FOR EACH DAY TAX IS PAST DUE.

TOTAL REMITTANCE. LINE 1 + LINE 2 + LINE 3

IF THIS TAX IS BEING REMITTED BY THE ACH CREDIT METHOD, CHECK THIS BOX. DATE OF ACH

CONTACT PERSON'S NAME (PRINT) \_\_\_\_\_

PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

AUTHORIZED OFFICER'S NAME (PRINT) \_\_\_\_\_

EMAIL \_\_\_\_\_

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN.

\_\_\_\_\_  
AUTHORIZED SIGNATURE REQUIRED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE