

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.

Reference #:

Resident PSD:

Work Location PSD:

NAME
ADDRESS

Check here if address change also applies to spouse

Check here to make corrections to Name, Street address or
Resident Municipality.

If you moved enter the effective date: ____/____/____

4th QTR ESTIMATED Local Earned Income Tax

ONLY ONE TAXPAYER PER VOUCHER

2024



Earned income and/or net profits

Oct 1 thru Dec 31

1. \$

.00

Multiply line 1 by your tax rate (see instructions) ...

2. \$

.00

Employer Withheld Oct 1 thru Dec 31.....

3. \$

.00

TAX DUE (line 2 minus line 3).....

4. \$

.00

Penalty and interest: line 4 multiplied by

1% per month if paid after due date.....

5. \$

.00

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

6. \$

.00



Social Security Number - no dashes

Make check
payable to:

York Adams Tax Bureau

DUE:
Jan. 30th