

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: ____/____/____

2025

1



1st QTR ESTIMATED Local Earned Income Tax

ONLY ONE TAXPAYER PER VOUCHER

Earned income and/or net profits	1. \$.00
January 1 thru March 31		
Multiply line 1 by your tax rate (see instructions) ...	2. \$.00
Employer Withheld January 1 thru March 1.....	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:
April 30th**