**PHONE:**
**724.258.9024**
**Make Checks Payable:**
**City of Monongahela**

# CITY OF MONONGAHELA

**Office of Income Tax Commissioner**
**449 West Main Street**
**Monongahela, PA 15063**

**HOURS:**
**Monday- Friday**
**9:00 AM-12:00 PM**
**1:00 PM- 4:00 PM**

# 2011

## Employer's Quarterly Local Earned Income and Tax Withheld

1st Quarter

Ends 03/31- Due 04/30

**LOCAL TAX RATE IS .5%**

**USE STATE GROSS WAGES**

**Employer's Name and Address**

_____

_____

_____

**Contact Name and Phone Number**

_____

**1) Gross Wages** _____
**Reported this quarter**

**2) Tax Withheld** _____
**Line 1 x .005**

**3) Penalty & Interest** _____
**1% per month on late payments**

**4) Total Remitted** _____
**Line 2 + Line 3**

**EMPLOYER'S PLEASE NOTE: RESIDENTS OF CARROLL TWP. AND FORWARD TWP. USE MONONGAHELA MAILING ADDRESSES. WE DO NOT COLLECT FOR THESE MUNICPALITIES. PLEASE MAKE SURE YOUR EMPLOYEE RESIDES IN THE CITY OF MONONGAHELA. TAX PAID FOR NON-RESIDENTS WILL BE RETURNED.**

**EMPLOYER'S FEDERAL EIN** _____

| Employee Social-Security Number | Employee Last Name, First Name and Address | Taxable Wages | Tax Withheld |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I hereby certify that this return has been examined by me and the information herein is true, correct and complete.

_____ _____

Signature Date