

Complete all information. Return this portion to Collector.

**UNITY TOWNSHIP - GREATER LATROBE SCHOOL DISTRICT
QUARTERLY EARNED INCOME TAX RETURN**

SEE INSTRUCTIONS ON BACK OF FORM - COMPUTE TAX HERE

1. ACTUAL GROSS WAGE EARNINGS		
2. ACTUAL OR EST. NET PROFITS		
3. TAX DUE (1% of lines 1 & 2)		
4. PENALTY AND INTEREST	(1% per mo. after due date on the tax due)	
5. TOTAL PAYMENT ENCLOSED		

Earnings from _____ To _____

TAX DUE DATE

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

Please Show Your Social Security No. Here

Signature/Date _____

TEMP.-RETURN SERVICE REQUESTED

MAIL CHECK PAYABLE TO:

MARK J. BURKARDT
UNITY TOWNSHIP - TAX COLLECTOR
152 BEATTY COUNTY ROAD
LATROBE, PA 15650-4709 PHONE 724-539-8766

PRESORTED
1ST CLASS MAIL
U.S. POSTAGE PAID
LATROBE, PA 15650
PERMIT NO. 18

OR PAY IN PERSON: UNITY TWP MUNICIPAL BUILDING

KEEP THIS STUB FOR YOUR RECORDS

TAX DUE DATE

1. GROSS WAGES		
2. NET PROFIT		
3. TAX DUE 1%		
4. PENALTY AND INTEREST		
5. TOTAL PAYMENT		

BRING OR MAIL BOTH PARTS OF THIS STATEMENT IF A PAID RECEIPT IS REQUIRED. IF PAID BY MAIL AND A RECEIPT IS REQUIRED SEND A SELF ADDRESSED STAMPED ENVELOPE.

**FORM WT-4
INSTRUCTIONS FOR FILING EARNED INCOME TAX FORM WT-4**

- 1. WHO MUST FILE:** Every resident or applicable non resident of the District whose earnings are from salaries, wages, commissions, or other compensation, received from one or more employers, on which the earnings income tax was not deducted, must file on Form WT-4, irrespective of the place services were performed. Every resident or applicable non resident engaged in a business, profession, partnership or other enterprise, except C and S corporations, must file on Form WT-4.
- 2. DUE DATE OF RETURN:** This return must be filed and the tax paid on or before the tax due date indicated on the face of the form.
- 3. INTEREST AND PENALTIES:** All taxes imposed by this ordinance remaining unpaid after they are due shall bear interest in addition to the unpaid tax, at the rate of six per cent (6%) per annum and a penalty of one-half (1/2) of one per cent (1%) for each month or fraction of a month until paid.

**THIS FORM MUST BE FILED WITH THE TOWNSHIP WHEN EMPLOYED
OR WHEN TEMPORARILY UNEMPLOYED.**

- If tax is being withheld by your employer show Employer's Name and Address.

If your liability for this tax has ceased, please give reason and return this tax form to Tax Collector's office.

Reason _____

Effective Date _____

If name or address has changed, please indicate. Provide new address if moving out of township.

Name _____

Address _____

City, Boro, or Twp. _____