FORM 511

BERKS E.I.T. BUREAU
EMPLOYERS QUARTERLY RETURN

920 VAN REED RD, WYOMISSING, PA 19610-1700
PHONE 610-372-8439 FAX 610-372-1102

TOTAL WITHHELD FROM EMPLOYEES		
AMOUNTS PREVIOUSLY PAID THIS QUARTER		
ADJUSTMENTS (IF ANY)		
TOTAL CREDITS		
BALANCE DUE		

Employer's names, address of principal place of business

EMPLOYER'S NO

PAGE NO

RETURN A CERTIFICATE OF RESIDENCE FORM FOR ALL NEW EMPLOYEES AND ANY CHANGE OF NAME OR ADDRESS WITH THIS REPORT

EMPLOYEE'S SOCIAL SECURITY NO.	NAME OF EMPLOYEE PLEASE PRINT OR TYPE	EMPLOYEES COMPLETE HOME ADDRESS IF NEW OR CHANGE	GROSS WAGE	E.I.T. WITHHELD	TAX RATE	PSD NO
			PAGE TOTAL			

CERTIFIED BY _____

EMPLOYER PAYMENT FORM 501 MUST ACCOMPANY YOUR CHECK
REMIT BY CHECK OR MONEY ORDER TO BERKS E.I.T. BUREAU