BERKS EARNED INCOME TAX BUREAU 1125 Berkshire Blvd Suite 115 Wyomissing, PA 19610 Phone: (610) 372-8439 | Toll Free: (855) 372-8439 | Fax: (610) 372-1102 beitb@berkseit.com | www.berkseit.com

INSTRUCTIONS FOR FILING QUARTERLY ESTIMATED PAYMENTS

Individuals, who live within the taxing jurisdiction of Berks EIT Bureau, are required to pay, during the year, an estimated amount for taxes that are not withheld from their employment or for the anticipated net profits of a business. The due dates for these four payments are the 15th day of the month immediately after the calendar quarter (April 15, July 15, October 15 and January 15).

The taxpayer's name, address and social security number must be included with each estimated payment. If there are any questions regarding this form, please do not hesitate to contact our office at 610-372-8439.

PAYMENT RECORD FOR TAX YEAR _____ (retain for your records)

QUARTER	DUE BY	DATE PAID	CHECK #	AMOUNT PAID
1	April 15			
2	July 15			
3	October 15			
4	January 15			
TOTAL PAID				

Please remit all payments to :

PAYMENT ENCLOSED BERKS EIT BUREAU PO BOX 6385 WYOMISSING, PA 19610-0385

_____COMPLETE AND RETURN VOUCHER WITH PAYMENT

	UARTERLY PAYMENT VOUCHER BLVD SUITE 115 WYOMISSING, PA 19610 355) 372-8439 Fax: (610) 372-1102	TAX YEAR
Office Use Only:	TAXPAYER A Social Security Number	SPOUSE B Social Security Number
TOTAL PAYMENT		
TAXPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL		AMOUNT ENCLOSED
SPOUSE B - LAST NAME, FIRST NAME, MIDDLE INITIAL		
PHYSICAL RESIDENT ADDRESS (NUMBER AND STREET)		
CITY, STATE AND ZIP CODE	Please write	Make Checks payable to "Berks EIT Bureau your full social security number(s) on your check

There will be a \$50.00 fee for checks returned for insufficient funds.

LOCAL EARNED INCOME TA BERKS E.I.T. BUREAU 1125 BERKS Phone: (610) 372-8439 Toll F)	TAX YEAR			
office Use Only:	TAXPAYER A Social Security Number	Soci	SPOUSE B Social Security Number		
TOTAL PAYMENT					
XPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL		AMO	OUNT ENCLOSED		
POUSE B - LAST NAME, FIRST NAME, MIDDLE INITIAL					
YSICAL RESIDENT ADDRESS (NUMBER AND STREET)					
TY, STATE AND ZIP CODE		rrite your full social se	s payable to "Berks EIT B ecurity number(s) on your returned for insufficient f		
BERKS E.I.T. BUREAU 1125 BERKS	X QUARTERLY PAYMENT VOUCHER SHIRE BLVD SUITE 115 WYOMISSING, PA 19610 Free: (855) 372-8439 Fax: (610) 372-1102				
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TOTAL PAYMENT					
PAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL		AMO	OUNT ENCLOSED		
DUSE B - LAST NAME, FIRST NAME, MIDDLE INITIAL					
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BERKS E.I.T. BUREAU 1125 BERKS	AX QUARTERLY PAYMENT VOUCHER SHIRE BLVD SUITE 115 WYOMISSING, PA 19610 Free: (855) 372-8439 Fax: (610) 372-1102)	TAX YEAR		
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XPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL					
TOTAL PAYMENT XPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL OUSE B - LAST NAME, FIRST NAME, MIDDLE INITIAL YSICAL RESIDENT ADDRESS (NUMBER AND STREET)		AMO			

Please write your full social security number(s) on your check. There will be a \$50.00 fee for checks returned for insufficient funds.