INSTRUCTIONS FOR THE COMPLETION OF FORM PA-W3R
EMPLOYER QUARTERLY RECONCILIATION RETURN OF INCOME TAX WITHHELD

- Enter the following required fields: Employer Account ID (if none assigned, leave blank), Entity ID – Federal EIN (if none assigned, leave blank), and period ending date (1st quarter 0331YYYY, 2nd quarter 0630YYYY, 3rd quarter 0930YYYY, and 4th quarter 1231YYYY).
- Enter the legal name, trade name, and business mailing address as it should appear on future correspondence.
- Enter the amount withheld for each period in the appropriate payment frequency column. THE REPORTED WITHHOLDING MUST BE THE ACTUAL TAX WITHHELD, NOT THE DEPOSITS REMITTED.
- Enter type of return (original or amended).

COMPLETE LINES 1 THROUGH 5
Line 1. Enter the total amount of compensation subject to PA withholding tax for the reporting quarter.

Line 2. Enter the total amount of PA withholding tax required to be withheld (or actually withheld, if higher) for the reporting quarter. (Enter tax withheld, not deposits).

Line 3. Enter the amount of PA withholding tax paid to the Commonwealth for the reporting quarter.

Line 4. If line 3 is greater than line 2, enter overpayment amount.

Line 5. If line 3 is less than line 2, enter amount due.

- Make the check or money order payable to: PA Department of Revenue. Do not send cash.
- Sign and date the return, include a daytime telephone number and title.
- Mail this return and payment to: PA Department of Revenue, Dept. 280903, Harrisburg, PA 17128-0903

Questions regarding the completion of this form can be directed to the Employer Tax Division at (717) 783-1488.
<table>
<thead>
<tr>
<th>PERIOD</th>
<th>SEMI MONTHLY AMOUNTS withhold</th>
<th>PERIOD</th>
<th>MONTHLY AMOUNTS withheld</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST HALF 1ST MONTH</td>
<td>●</td>
<td>1ST MONTH</td>
<td>●</td>
</tr>
<tr>
<td>2ND HALF 1ST MONTH</td>
<td>●</td>
<td>2ND MONTH</td>
<td>●</td>
</tr>
<tr>
<td>1ST HALF 2ND MONTH</td>
<td>●</td>
<td>3RD MONTH</td>
<td>●</td>
</tr>
<tr>
<td>2ND HALF 2ND MONTH</td>
<td>●</td>
<td>TOTAL</td>
<td>●</td>
</tr>
</tbody>
</table>

| QUARTERLY AMOUNT WITHHELD. ENTER ON LINE 2 ONLY |

<table>
<thead>
<tr>
<th>TYPE OF RETURN</th>
<th>ORIGINAL</th>
<th>AMENDED</th>
</tr>
</thead>
</table>

MAIL COMPLETED PA-W3R AND PAYMENTS TO:
PA DEPARTMENT REVENUE
DEPT. 280903
HARRISBURG, PA 17128-0903

I certify that this return is to the best of my knowledge, information and belief, a full, true and correct disclosure of all tax collected or incurred during the period indicated on this return.

DATE: 00019
DAYTIME TELEPHONE #: (   )
EXT.
TITLE

SIGNATURE

DEPARTMENT USE ONLY

LEGAL NAME
TRADE NAME
BUSINESS MAILING ADDRESS
CITY, STATE, ZIP

1. TOTAL COMPENSATION SUBJECT TO PA TAX
2. TOTAL PA WITHHOLDING TAX
3. TOTAL DEPOSITS FOR QUARTER (Including verified overpayments)
4. OVERPAYMENT (If Line 3 is greater than Line 2)
5. TAX DUE/PAYMENT (If Line 3 is less than Line 2) $

LINES 1 – 5 MUST BE COMPLETED.