

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

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- 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

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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.



PA-W3R (01-01)  
PA DEPARTMENT  
OF REVENUE

EMPLOYER ACCOUNT ID

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ENTITY ID (EIN)

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PERIOD ENDING DATE

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PERIOD	SEMI MONTHLY AMOUNTS WITHHELD			
1ST HALF 1ST MONTH				.
2ND HALF 1ST MONTH				.
1ST HALF 2ND MONTH				.
2ND HALF 2ND MONTH				.
1ST HALF 3RD MONTH				.
2ND HALF 3RD MONTH				.
<b>TOTAL</b> (Enter on Line 2)				.

PERIOD	MONTHLY AMOUNTS WITHHELD			
1ST MONTH				.
2ND MONTH				.
3RD MONTH				.
<b>TOTAL</b> (Enter on Line 2)				.

**QUARTERLY AMOUNT WITHHELD.  
ENTER ON LINE 2 ONLY ➡**

**TYPE OF RETURN**  
Original or amended. Check block. ➡

ORIGINAL  AMENDED

DEPARTMENT USE ONLY				

**BUSINESS NAME AND ADDRESS**

LEGAL NAME

TRADE NAME

BUSINESS MAILING ADDRESS

CITY, STATE, ZIP

▼ LINES 1 – 5 MUST BE COMPLETED. ▼

1. <b>TOTAL COMPEN- SATION SUBJECT TO PA TAX</b>									.
2. <b>TOTAL PA WITHHOLDING TAX</b>									.
3. <b>TOTAL DEPOSITS FOR QUARTER</b> (Including verified overpayments)									.
4. <b>OVERPAYMENT</b> (If Line 3 is greater than Line 2)									.
5. <b>TAX DUE/PAYMENT</b> (If Line 3 is less than Line 2)									.

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**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.

00019

DATE

DAYTIME TELEPHONE #

EXT.

TITLE

SIGNATURE

( )



PA DEPARTMENT OF REVENUE

DEPT 280903

HARRISBURG PA 17128-0903