

EMST-1	EMERGENCY AND MUNICIPAL SERVICES TAX RETURN			RETURN THIS SECTION TO TAX OFFICE WITH PAYMENT. COMPLETE IN FULL.	RETAIN THIS STUB FOR YOUR RECORDS.
ROBINSON TOWNSHIP				TAX COMPUTATION	
MAKE CHECKS PAYABLE TO 4 CENTRAL TAX BUREAU OF PA, INC. 20 EMERSON LN STE 908 BRIDGEVILLE, PA 15017-3465 (412) 220-7347				1. NUMBER OF EMPLOYEES	
				GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)	
January 1 thru March 31 due APRIL 30				NET AMOUNT OF TAX	
YEAR	PSD	ACCT#	TAX RATE	PENALTY OF GROSS (10%) (.1)	
2006	02575		\$52.00	INTEREST PER YEAR (6%) (.06)	
EMPLOYER'S NAME & ADDRESS READ INSTRUCTIONS ON REVERSE OF THIS FORM BEFORE COMPLETING TAX RETURN. Be sure to sign this return. Make checks payable to the office indicated above. If no tax is due, write "none" above, sign and return copy to above office for each quarter.				TOTAL AMOUNT ENCLOSED 4	
				TOTAL AMOUNT ENCLOSED 4	
I declare under penalty of law that the information herein contained is true and correct.				VALIDATION (FOR OFFICE USE ONLY)	
				DATE: _____	
X				CHECK <input type="checkbox"/> CASH <input type="checkbox"/>	
FEDERAL ID NUMBER SIGNATURE PHONE DATE				AMT PAID: _____	
FEDERAL ID NUMBER SIGNATURE PHONE DATE				AUDIT: BY: _____	
FEDERAL ID NUMBER SIGNATURE PHONE DATE				JANUARY 1 thru MARCH 31 DUE APRIL 30 CHECK # _____ <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER	

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				GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)	
April 1 thru June 30 due JULY 31				NET AMOUNT OF TAX	
YEAR	PSD	ACCT#	TAX RATE	PENALTY OF GROSS (10%) (.1)	
2006	02575		\$52.00	INTEREST PER YEAR (6%) (.06)	
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July 1 thru September 30 due OCTOBER 31				NET AMOUNT OF TAX	
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FEDERAL ID NUMBER SIGNATURE PHONE DATE				AUDIT: BY: _____	
FEDERAL ID NUMBER SIGNATURE PHONE DATE				JULY 1 thru SEPTEMBER 30 DUE OCTOBER 31 CHECK # _____ <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER	

INSTRUCTIONS TO EMPLOYER

REMINDER: FORMS MUST BE SIGNED BY AUTHORIZED AGENT OF EMPLOYER.

1. EACH EMPLOYER DOING BUSINESS WITHIN THIS DISTRICT IS REQUIRED TO REGISTER WITH THIS TAX OFFICE AND TO DEDUCT THIS TAX FROM THE COMPENSATION PAID TO EACH EMPLOYEE SUBJECT TO TAX.
2. ALL PERSONS WHO ENGAGE IN AN OCCUPATION, FULL OR PART TIME, WITHIN THE DISTRICT, MUST PAY THIS TAX INCLUDING: (1) SELF-EMPLOYED PERSONS AND INDIVIDUALS WHO WORK OR PERFORM AN OCCUPATION WITHIN THE DISTRICT; (2) PERSONS ASSIGNED TO AN OFFICE, WAREHOUSE, OR HEADQUARTERS WITHIN THE DISTRICT; (3) PERSONS WHO HAVE NOT PREVIOUSLY PAID AN EMERGENCY AND MUNICIPAL SERVICE TAX FOR THE CALENDAR YEAR.
3. FORMS MUST BE FILED ALONG WITH REMITTANCE ON OR BEFORE DUE DATE INDICATED FOR EACH PERIOD, UNLESS ANOTHER DUE DATE IS DESIGNATED.
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6. RETAIN ALL EXTRA COPIES OF FORM EMST-1 FOR USE WHEN HIRING NEW EMPLOYEES. ADDITIONAL FORMS WILL BE ISSUED UPON REQUEST. PLEASE NOTE: A LISTING SHEET MAY BE SUBMITTED TO THE TAX OFFICE IN LIEU OF COPIES OF EACH WITHHOLDING CERTIFICATE.

NOTE: YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING YOUR LOCAL POLITICAL SUBDIVISION.

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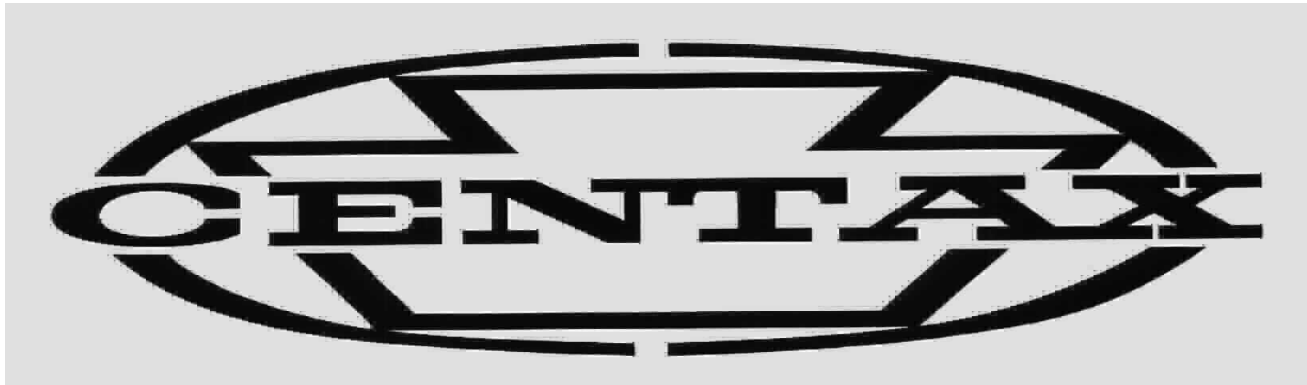
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					GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)	
October 1 thru December 31 due JANUARY 31					NET AMOUNT OF TAX	
YEAR	PSD	ACCT#	TAX RATE		PENALTY OF GROSS (10%) (.1)	
2006	02575	990187465	\$52.00		INTEREST PER YEAR (6%) (.06)	
EMPLOYER'S NAME & ADDRESS 333 TWIN DOLPHIN DR FOURTH FL-PAYROLL REDWOOD, CA 94065					TOTAL AMOUNT ENCLOSED 4	
					TOTAL AMOUNT ENCLOSED 4	
I declare under penalty of law that the information herein contained is true and correct.					OCTOBER 1 thru DECEMBER 31 DUE JANUARY 31	
READ INSTRUCTIONS ON REVERSE OF THIS FORM BEFORE COMPLETING TAX RETURN.					DATE PAID: _____	
FEDERAL ID NUMBER SIGNATURE PHONE DATE					CHECK # _____	
X					<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	
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AUDIT: _____					BY: _____	



CENTRAL TAX BUREAU OF PA, INC.
 20 EMERSON LN
 STE 908
 BRIDGEVILLE, PA 15017-3465
 (412) 220-7347

ACCOUNT NUMBER: 990187465					TAX YEAR: 2006		A. Total number of employees paid during the current year: A. _____	
333 TWIN DOLPHIN DR FOURTH FL-PAYROLL REDWOOD, CA 94065					DISTRICT: 02575		B. Total number of employees reported and verified as being exempt from the tax: B. _____	
					ROBINSON TOWNSHIP		C. Total taxable employees: (Item A minus Item B) C. _____	
					D. Gross tax due: (Item C times \$52.00) _____		D. <input type="text"/>	
MONTH	# OF EMPLOYEES FOR MO.	DATE PAID	TOTAL TAX PAID (No Penalty/Interest)	FOR OFFICE USE ONLY	E. Taxes paid during the year by month: (Complete on left side of form)			
JANUARY					F. Total tax paid during year (Item DD): F. _____			
FEBRUARY					G. If Item D is different from item DD, enter difference and explain fully: G. _____			
MARCH					H. If additional tax is due compute: 1.) Penalty at (10%) (.1) of total due _____			
APRIL					2.) Interest at (6%) (.06) of total due _____			
MAY					I. Total additional tax, penalty, and interest due, if any (Item G plus Item H): I. <input type="text"/>			
JUNE					J. If overpayment was made, enter overpayment below and check one: J. <input type="text"/>			
JULY					<input type="checkbox"/> REFUND <input type="checkbox"/> CREDIT TO NEXT PAYMENT			
AUGUST					AFFIRMATION: I hereby certify under the penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, his declaration is based on all the information of which he has any knowledge.			
SEPTEMBER					Signature _____ Signature of preparer(if other than taxpayer) _____			
OCTOBER					Date _____ Name _____ Phone _____			
NOVEMBER								
DECEMBER								
TOTALS				DD*				

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1. (Item A) Total all employees working in District or headquartered out of an office, store, factory, warehouse or otherwise employed in the District(s) listed. This count should agree with your employment rolls and withholding statements (W-2's) issued for the year. If not, you must explain difference completely. All employees including full time, contract, part-time, seasonal, and other are subject to this tax.
2. (Item B) Total only those persons in your employ during the year who were employed in or headquartered out of an office in the District but from whom you did not withhold the Emergency and Municipal Services Tax for this year. Explain reasons for not withholding tax, i.e.: previously deducted by prior employer, income less than \$200 for year, paid tax to other Pennsylvania communities prior to local employment.
3. (Item C) Self explanatory.
4. (Item D) Indicate gross tax due – Item C total times the tax rate. (Item D1) indicate any discounts allowed and taken during year. (Item D2) Deduct D1 total from D total and enter difference. Discounts are not allowed on delinquent payments.
5. (Item E) List total tax paid and reported to this office for each calendar month. Do not include: (a) interest or penalty paid; (b) prior years taxes paid for previous months. Use date tax was actually paid to this office for each month even though paid after due date.
6. (Item F) Total all taxes paid during the year, even if in transit, and enter here. If taxes due were not reported and paid for a given period, complete EMST-1 for that period(s) and report and pay along with penalty and interest IMMEDIATELY to avoid legal action. Tax is due within 15 days from the close of the month in which employee is placed on payroll.
7. (Item G) Enter difference between Item DD and Item D. If tax due is in transit in accordance with above instruction, include amounts in Item E total. If tax due was not paid or is not in transit, do not include in computation of Item E.
8. (Item H) All taxes are due by the 15th day of the month succeeding the month in which an employee was placed on payroll. Payments postmarked after that date must pay penalty and interest for each month or fractional month late. Penalty and interest may not be passed on to the employee and must be paid by the employer.
9. (Item I) Self explanatory.
10. (Item J) Self explanatory.

NOTE: Employers failing to withhold this tax accept liability for payment of same even though employee is no longer employed. Employers failing to withhold and report tax on a timely basis may be required to pay the tax, penalty, interest, and collection costs without recourse to the employee. All accounts are subject to audit and review. Failure to properly complete, sign, and file this and other notices required by this office may, upon conviction thereof, subject the responsible party to fine and cost or jail sentence. NOTE: YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING YOUR LOCAL POLITICAL SUBDIVISION.