



QUARTERLY ESTIMATED Local Earned Income Tax Withholding

JORDAN TAX SERVICE, INC.
Allegheny County Central Tax Collection District
FRICK BLDG
437 GRANT ST STE 900
PITTSBURGH PA 15219-6101



You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

Make Check Payable to:

ALLEGHENY COUNTY CENTRAL TCD (ACCTCD)

For additional information regarding Act 32, visit jordantax.com/act32

Mailing Address:

JORDAN TAX SERVICE, INC
ALLEGHENY COUNTY CENTRAL TCD
FRICK BLDG
437 GRANT ST STE 900
PITTSBURGH PA 15219-6101

Allegheny County Central Tax Collection District Resident PSD Codes and Tax Rates		
PSD CODE	TAX ENTITY NAME	TAX RATE
700101	MOUNT OLIVER BORO	3.00%
700102	PITTSBURGH CITY	3.00%

Allegheny County Southwest Tax Collection District Resident PSD Codes and Tax Rates		
PSD CODE	TAX ENTITY NAME	TAX RATE
730601	CLAIRTON CITY	1.50%
730701	CORAOPOLIS BORO	1.00%
730702	NEVILLE TWP	1.00%
730801	DUQUESNE CITY	1.00%
730901	CASTLE SHANNON (KOSD)	1.00%
730902	DORMONT BORO	1.00%
730903	GREEN TREE BORO	1.00%
731001	INGRAM BORO	1.00%
731002	KENNEDY TWP	1.00%
731003	PENNSBURY VILLAGE BORO	1.00%
731004	ROBINSON TWP	1.00%
731005	THORNBURG BORO	1.00%
731101	CRESCENT TWP	1.00%
731102	MOON TWP	1.00%
731201	MT LEBANON TWP	1.30%
731301	SOUTH FAYETTE TWP	1.00%
731401	SOUTH PARK TWP	1.00%
731501	HOMESTEAD BORO	1.00%
731502	MUNHALL BORO	1.00%
731503	WEST HOMESTEAD BORO	1.00%
731601	MCKEES ROCKS BORO	1.00%

Allegheny County Southwest Tax Collection District Resident PSD Codes and Tax Rates		
PSD CODE	TAX ENTITY NAME	TAX RATE
731602	STOWE TWP	1.00%
731701	UPPER ST CLAIR TWP	1.30%
731801	FINDLAY TWP	1.00%
731802	NORTH FAYETTE TWP	1.00%
731803	OAKDALE BORO	1.00%
731901	JEFFERSON HILLS BORO	1.00%
731902	PLEASANT HILLS (WJHSD)	1.00%
731903	WEST ELIZABETH BORO	1.00%
732001	WEST MIFFLIN BORO	1.00%
732002	WHITAKER BORO	1.00%

Allegheny County Southwest Tax Collection District Resident PSD Codes and Tax Rates		
PSD CODE	TAX ENTITY NAME	TAX RATE
730101	BALDWIN BORO	1.00%
730102	BALDWIN TWP	1.00%
730104	WHITEHALL BORO	1.70%
730201	BETHEL PARK BORO	1.50%
730301	BRENTWOOD BORO	1.00%
730401	CARNEGIE BORO	1.00%
730402	CRAFTON BORO	1.00%
730403	ROSSLYN FARMS BORO	1.00%
730501	BRIDGEVILLE BORO	1.00%
730502	COLLIER TWP	1.00%
730503	HEIDELBERG BORO	1.00%
730504	SCOTT TWP	1.00%

Annexations / Exceptions		
PSD CODE	TAX ENTITY NAME	TAX RATE
730103	PLEASANT HILLS (Assessed to Baldwin Whitehall S.D.)	1.00%
730105	PITTSBURGH CITY (Assessed to Baldwin Whitehall S.D.)	1.50%
730202	CASTLE SHANNON BORO (Assessed to Bethel Park S.D.)	1.00%

CLGS-32-3 (8-11) **JORDAN TAX SERVICE, INC**
ALLEGHENY COUNTY CENTRAL TCD

CUT ALONG DOTTED LINE and RETURN THIS PORTION WITH YOUR PAYMENT

1ST QUARTER ESTIMATED Local Earned Income Tax DUE 4/15/2024

If you moved enter the effective date: ___/___/___
Check here if address change also applies to spouse.
Make any corrections to NAME, STREET ADDRESS
or RESIDENT MUNICIPALITY and check here.
INCLUDE INFO IF NOT SHOWN.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Resident PSD Code	Work Location PSD Code
7 0	

Resident Municipality: _____

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify)

Check here if ALL TAX IS WITHHELD by employer(s).
Do not complete information requested on Lines 1 thru 6.

1. Earned Income and/or net profits (must enter amount) January 1 thru March 31 . . .	
2. Tax rate of _____ multiplied by line 1	
3. Employer Withheld (January 1 thru March 31 Only)	
4. TAX DUE: (line 2 minus line 3)	
5. Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date	
6. TOTAL PAYMENT DUE (add lines 4 & 5)	

Payable to: ACCTCD

Social Security Number

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Resident PSD Code

Work Location PSD Code

7 0 [] [] [] [] [] []

[] [] [] [] [] [] [] []

Resident Municipality: _____

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify) _____

Check here if ALL TAX IS WITHHELD by employer(s).
Do not complete information requested on Lines 1 thru 6.

2ND QUARTER ESTIMATED Local Earned Income Tax

DUE 7/15/2024

If you moved enter the effective date: ____/____/____
Check here if address change also applies to spouse.
Make any corrections to NAME, STREET ADDRESS
or RESIDENT MUNICIPALITY and check here.
INCLUDE INFO IF NOT SHOWN.

- Earned Income and/or net profits (must enter amount) April 1 thru June 30
- Tax rate of _____ multiplied by line 1
- Employer Withheld (April 1 thru June 30 Only)
- TAX DUE: (line 2 minus line 3)
- Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date
- TOTAL PAYMENT DUE (add lines 4 & 5)

Payable to: ACCTCD

Social Security Number [] [] [] [] [] [] [] [] [] [] [] []

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Resident PSD Code

Work Location PSD Code

7 0 [] [] [] [] [] []

[] [] [] [] [] [] [] []

Resident Municipality: _____

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify) _____

Check here if ALL TAX IS WITHHELD by employer(s).
Do not complete information requested on Lines 1 thru 6.

CUT ALONG DOTTED LINE and RETURN THIS PORTION WITH YOUR PAYMENT

3RD QUARTER ESTIMATED Local Earned Income Tax

DUE 10/15/2024

If you moved enter the effective date: ____/____/____
Change also applies to spouse.
Make any corrections to NAME, STREET ADDRESS
or RESIDENT MUNICIPALITY and check here.
INCLUDE INFO IF NOT SHOWN.

- Earned Income and/or net profits (must enter amount) July 1 thru Sept. 30
- Tax rate of _____ multiplied by line 1
- Employer Withheld (July 1 thru Sept 30 Only)
- TAX DUE: (line 2 minus line 3)
- Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date
- TOTAL PAYMENT DUE (add lines 4 & 5)

Payable to: ACCTCD

Social Security Number [] [] [] [] [] [] [] [] [] [] [] []

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Resident PSD Code

Work Location PSD Code

7 0 [] [] [] [] [] []

[] [] [] [] [] [] [] []

Resident Municipality: _____

If you have no earned income, state the reason: retired/homemaker/
student/disabled/temporarily unemployed/minor (state age)/other
(please specify) _____

Check here if ALL TAX IS WITHHELD by employer(s).
Do not complete information requested on Lines 1 thru 6.

CUT ALONG DOTTED LINE and RETURN THIS PORTION WITH YOUR PAYMENT

4TH QUARTER ESTIMATED Local Earned Income Tax

DUE 1/15/2025

If you moved enter the effective date: ____/____/____
Change also applies to spouse.
Make any corrections to NAME, STREET ADDRESS
or RESIDENT MUNICIPALITY and check here.
INCLUDE INFO IF NOT SHOWN.

- Earned Income and/or net profits (must enter amount) Oct. 1 thru Dec. 31
- Tax rate of _____ multiplied by line 1
- Employer Withheld (Oct. 1 thru Dec. 31 Only)
- TAX DUE: (line 2 minus line 3)
- Penalty and Interest: Line 4 multiplied by 1.25% per month if paid after the due date
- TOTAL PAYMENT DUE (add lines 4 & 5)

Payable to: ACCTCD

Social Security Number [] [] [] [] [] [] [] [] [] [] [] []