



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	1.90%
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%
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%

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	1.40%
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%

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 4/17/2023

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 7/17/2023

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.

1. Earned Income and/or net profits
(must enter amount) April 1 thru June 30
2. Tax rate of _____ multiplied by line 1
3. Employer Withheld (April 1 thru June 30 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.

CUT ALONG DOTTED LINE and RETURN THIS PORTION WITH YOUR PAYMENT

3RD QUARTER ESTIMATED Local Earned Income Tax

DUE 10/16/2023

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.

1. Earned Income and/or net profits
(must enter amount) July 1 thru Sept. 30
2. Tax rate of _____ multiplied by line 1
3. Employer Withheld (July 1 thru Sept 30 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.

CUT ALONG DOTTED LINE and RETURN THIS PORTION WITH YOUR PAYMENT

4TH QUARTER ESTIMATED Local Earned Income Tax

DUE 1/16/2024

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.

1. Earned Income and/or net profits
(must enter amount) Oct. 1 thru Dec. 31
2. Tax rate of _____ multiplied by line 1
3. Employer Withheld (Oct. 1 thru Dec. 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 [] [] [] [] [] [] [] [] [] [] [] []