

INSTRUCTIONS FOR THE COMPLETION OF FORM PA-501R EMPLOYER DEPOSIT STATEMENT OF INCOME TAX WITHHELD

- Enter the quarter (1st quarter YY01, 2nd quarter YY02, 3rd quarter YY03, and 4th quarter YY04), calendar year, the Employer Account ID (**if none assigned, leave blank**), Entity ID – Federal EIN (if none assigned, leave blank), quarter ending date (1st quarter 0331YYYY, 2nd quarter 0630YYYY, 3rd quarter 0930YYYY and 4th quarter 1231YYYY), date wages were first paid and payment frequency.
- Enter the legal name, trade name and business mailing address as it should appear on future correspondence.

COMPLETE LINES 1 THROUGH 4

- Line 1.** Enter the total amount of compensation subject to PA Withholding Tax for the deposit period.
- Line 2.** Enter the total amount of PA Withholding Tax required to be withheld (or actually withheld, if greater) for the deposit period. **(Enter tax withheld, not deposits)**

Line 3. Enter the amount of credit from a previous period which is being applied to the amount withheld for the deposit period.

Line 4. Enter interest due for this payment if remitting after the due date.

Payment. Enter the amount of the payment being remitted for this deposit period.

- Sign the document and enter the date, daytime telephone number and title.
- Mail the deposit statement and payment to: PA Department of Revenue, Dept. 280401, Harrisburg, PA 17128-0401.
- Questions regarding the completion of this form can be directed to the Employer Tax Division at (717) 783-1488.
- In addition to the PA-501 or PA-501R deposit statement, all employers must file a PA-W3 Reconciliation Return for each quarter. If the taxpayer does not have a preprinted coupon, a PA-W3R return must be filed.



QUARTER

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Y Y Q Q

YEAR

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Y Y Y Y

EMPLOYER ACCOUNT ID

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ENTITY ID (EIN)

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EMPLOYER DEPOSIT STATEMENT OF WITHHOLDING TAX

Use Only When Employers Do Not Have Preprinted Coupons.

ALL EMPLOYERS MUST FILE A PA-W3 OR PA-W3R RETURN FOR EACH QUARTER

PAYMENT FREQUENCY

EXPECTED QUARTERLY WITHHOLDING WILL BE:

- QUARTERLY**
LESS THAN \$300
- MONTHLY**
MORE THAN \$300 BUT LESS THAN \$1,000
- SEMI-MONTHLY**
\$1,000 OR GREATER

QUARTER ENDING DATE

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M M D D Y Y Y Y

BUSINESS NAME AND ADDRESS

LEGAL NAME

TRADE NAME

BUSINESS MAILING ADDRESS

CITY, STATE, ZIP

DATE WAGES FIRST PAID

DEPARTMENT USE ONLY

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1 GROSS COMPENSATION

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2 PA WITHHOLDING TAX

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3 LESS CREDITS

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4 PLUS INTEREST

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PAYMENT

\$

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00021

DATE

DAYTIME TELEPHONE #

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TITLE

SIGNATURE



PA DEPARTMENT OF REVENUE

DEPT 280401

HARRISBURG PA 17128-0401