

EMPLOYER NUMBER	EMPLOYER NAME	FEDERAL EIN #	PSD
DUE AND PAYABLE BY	QUARTER	TAX YEAR	
		2007	

1. TOTAL EMERGENCY & MUNICIPAL SERVICES TAX (EMST) WITHHELD
2. PENALTY – ADD 1/2 OF 1% OF LINE 1 FOR EACH QTR. TAX REMAINS UNPAID (APPLIED TO QUARTERLY PAYMENT ONLY)
3. INTEREST – ADD 6% PER ANNUM OF LINE 1 FOR EACH DAY (.00017 X # OF DAYS) TAX REMAINS UNPAID (APPLIED TO QUARTERLY PAYMENTS ONLY)
4. TOTAL AMOUNT TO BE REMITTED WITH THIS RETURN. (ADD LINES 1, 2, 3)

- 1.
- 2.
- 3.
- 4.

CHANGE OF ADDRESS:

**MAKE CHECK OR MONEY ORDER
PAYABLE TO:**

"WESTAB EMST"

PLEASE USE SEPARATE CHECKS

MAIL TO: (USE GREEN LABELS)
EMPLOYER DEPARTMENT
P.O. BOX 656
CAMP HILL, PA 17001-0656

I DECLARE UNDER PENALTIES PROVIDED BY THE LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN.