Check Applicable Box for Period Filing

□ 01/01/20__ - 03/31/20__ Due 04/30/20__
□ 04/01/20__ - 06/30/20__ Due 07/31/20__
□ 07/01/20__ - 09/30/20__ Due 10/31/20__
□ 10/01/20__ - 12/31/20__ Due 01/31/20__

MIFFCO TAX SERVICE

Mifflin County Income Tax Office

Earned Income Tax Withheld

Name: _____
Address: _____
Address: _____
City, State, Zip: _____

Employer EIN: _____

Employee Soc. Sec	Last Name	First Name	M	Suf	Address	City	St	Zip Code 5 digit	Tax w-held	Wages	Employee's PSD CD	Employer's Psd CD

Miffco Tax Service Inc.
139 West Market Street
P.O. Box 746
Lewistown, PA 17044
717-242-2777
www.miffco.com

Actual Tax Withheld _____

Interest (0.25% Per Month) and Penalty (1% Per Month max. 15%) _____

Total Payment _____

EMPLOYER WITH 25 OR MORE EMPLOYEES CANNOT USE THIS FORM. YOU MUST FILE USING MAGNET MEDIA. CONTACT US FOR SPECIFICATIONS