

# INSTRUCTIONS FOR THE COMPLETION OF FORM PA-W3R EMPLOYER QUARTERLY RECONCILIATION RETURN OF INCOME TAX WITHHELD

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- Enter the following **required** fields: Employer Account ID (if none assigned, **leave blank**), Entity ID – Federal EIN (if none assigned, leave blank), and period ending date (1st quarter 0331YYYY, 2nd quarter 0630YYYY, 3rd quarter 0930YYYY, and 4th quarter 1231YYYY).
- Enter the legal name, trade name, and business mailing address as it should appear on future correspondence.
- Enter the amount withheld for each period in the appropriate payment frequency column. **THE REPORTED WITHHOLDING MUST BE THE ACTUAL TAX WITHHELD, NOT THE DEPOSITS REMITTED.**
- Enter type of return (original or amended).

## COMPLETE LINES 1 THROUGH 5

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Line 1. Enter the total amount of compensation subject to PA withholding tax for the reporting quarter.

- Line 2. Enter the total amount of PA withholding tax required to be withheld (or actually withheld, if higher) for the reporting quarter. **(Enter tax withheld, not deposits).**
- Line 3. Enter the amount of PA withholding tax paid to the Commonwealth for the reporting quarter.
- Line 4. If line 3 is greater than line 2, enter overpayment amount.
- Line 5. If Line 3 is less than line 2, enter amount due.
- Make the check or money order payable to: **PA Department of Revenue. Do not send cash.**
  - Sign and date the return, include a daytime telephone number and title.
  - Mail this return and payment to: **PA Department of Revenue, Dept. 280903, Harrisburg, PA 17128-0903**
  - Questions regarding the completion of this form can be directed to the Employer Tax Division at (717) 783-1488.



PA-W3R (01-01)  
PA DEPARTMENT  
OF REVENUE

EMPLOYER ACCOUNT ID

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ENTITY ID (EIN)

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PERIOD 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

▼ LINES 1 – 5 MUST BE COMPLETED. ▼

1. **TOTAL COMPEN-  
SATION SUBJECT  
TO PA TAX**

2. **TOTAL PA WITHHOLDING TAX**

3. **TOTAL DEPOSITS** FOR QUARTER  
(Including verified overpayments)

4. **OVERPAYMENT**  
(If Line 3 is **greater** than Line 2)

5. **TAX DUE/PAYMENT**  
(If Line 3 is **less** than Line 2)

\$

PERIOD MONTHLY  
AMOUNTS WITHHELD

1ST MONTH										
2ND MONTH										
3RD MONTH										
<b>TOTAL</b> (Enter on Line 2)										

**QUARTERLY AMOUNT WITHHELD.  
ENTER ON LINE 2 ONLY ➡**

**TYPE OF RETURN**

Original or amended. Check block. ➡

**ORIGINAL**

☐

**AMENDED**

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DEPARTMENT USE ONLY

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**MAIL COMPLETED PA-W3R AND PAYMENTS TO:  
PA DEPARTMENT REVENUE  
DEPT. 280903  
HARRISBURG, PA 17128-0903**

I certify that this return is to the best of my knowledge, information and belief, a full, true and correct disclosure of all tax collected or incurred during the period indicated on this return.

00019

DATE

DAYTIME TELEPHONE #

EXT.

TITLE

SIGNATURE



PA DEPARTMENT OF REVENUE

DEPT 280903

HARRISBURG PA 17128-0903