CLGS-32-2 (10-22)

W2-R ANNUAL RECONCILIATION
Earned Income Tax Withheld from Wages

As reported on Employer's Quarterly Return, with income tax withheld as shown on Withholding Statements (W-2)

Keystone Collections Group
PO Box 559
Irwin, PA 15642-0559

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.

Year _____ ***Due by the Last Day of February*** **File ONLINE at Business.KeystoneCollects.com**

EMPLOYER BUSINESS NAME (Use Federal ID Name)		
EMPLOYER BUSINESS STREET ADDRESS (**No** PO Box, RD or RR)		
SECOND LINE OF ADDRESS		
CITY OR POST OFFICE	STATE	ZIP CODE
WORKPLACE LOCATION (City, Borough, Township)		
EMPLOYER PSD CODE	EMPLOYER ACCOUNT NUMBER	FEDERAL ID NUMBER

1. Total number of withholding statements (W-2s) accompanying this report		
2. Total income tax withheld from all wages during the year as shown on (W-2s) . . . . . **(A)**		$
	EARNED INCOME TAX	**Tax Paid**
	Quarter ended March 31	$
	Quarter ended June 30	$
	Quarter ended September 30	$
	Quarter ended December 31	$
3. Total quarterly income tax from wages during the year as reported on Quarterly Returns . . . . . **(B)**		$
TOTAL - difference between (A) and (B) above		$
Make check payable to *Keystone Collections Group*	***TOTAL AMOUNT OF ENCLOSED PAYMENT***	$
4. *Any difference between A and B must be explained in attached statement. Where A and B do not agree, please remit or request refund.*		

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)		
TITLE		
PRIMARY CONTACT PHONE NUMBER	PRIMARY CONTACT EMAIL ADDRESS	
SIGNATURE OF PRIMARY CONTACT INDIVIDUAL		DATE (MM/DD/YYYY)

Instructions for W2-R Annual Reconciliation Form **File ONLINE at Business.KeystoneCollects.com**

1. In the "Workplace Location" box above, include the name of the Pennsylvania municipal taxing jurisdiction in which the workplace facility is located. In the appropriate boxes, include: the PSD Code associated with the municipal location of the workplace facility, assigned account number and Federal ID number. In the address field, include or correct employer's full business name and mailing address.
2. On or before the last day of February following the close of the calendar year, file your reconciliation with the Tax Officer, accompanied by each employee's form W-2 (CITY INCOME TAX copy).
3. On Line 2, enter the total income tax withheld from all wages during the year as shown on W-2(s). On Line 3, enter the total quarterly income tax from wages as reported on quarterly returns.
4. Remit any balance due when filing the reconciliation. Attach statement of explanation showing a breakdown of the specific detail for each employee withholding adjustment. With each adjustment, include the employee's name, SSN, resident street address (no PO Boxes), resident PSD Code and amount remitted with reconciliation.

USE ONLY BLACK OR BLUE INK TO COMPLETE THIS FORM. USE ORIGINAL FORM - DO NOT PHOTOCOPY.

FILE ONLINE AT Business.KeystoneCollects.com