



# W2-R ANNUAL RECONCILIATION Earned Income Tax Withheld from Wages

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

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

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 <https://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
MUNICIPAL LOCATION OF BUSINESS		
EMPLOYER PSD CODE <input type="text"/>	EMPLOYER ACCOUNT NUMBER	FEDERAL ID NUMBER <input type="text"/>

1. Total number of withholding statements (W-2s) accompanying this report		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Total income tax withheld from all wages during the year as shown on (W-2s)	(A)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		EARNED INCOME TAX	Tax Paid										
		Quarter ended March 31	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Quarter ended June 30	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Quarter ended September 30	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Quarter ended December 31	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total quarterly income tax from wages during the year as reported on Quarterly Returns	(B)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>TOTAL - difference between (A) and (B) above</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>Make check payable to Keystone Collections Group</b>	<b>TOTAL AMOUNT OF ENCLOSED PAYMENT</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <https://Business.KeystoneCollects.com>

- 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.
- 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).
- 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.
- 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 <https://Business.KeystoneCollects.com>