

<b>EMST-1</b>	<b>EMERGENCY AND MUNICIPAL SERVICES TAX RETURN</b>			RETURN THIS SECTION TO TAX OFFICE WITH PAYMENT. COMPLETE IN FULL.	RETAIN THIS STUB FOR YOUR RECORDS.
MAKE CHECKS PAYABLE TO 4	<b>TAX COMPUTATION</b>			<b>TAX COMPUTATION</b>	
	1. NUMBER OF EMPLOYEES			1. NUMBER OF EMPLOYEES	
	GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)			GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)	
<b>January 1 thru March 31 due APRIL 30</b>				NET AMOUNT OF TAX	
YEAR	PSD	ACCT#	TAX RATE		
EMPLOYER'S NAME & ADDRESS  <small>INCLUDE A LISTING OF EMPLOYEES FOR WHOM TAX IS BEING WITHHELD. FOR EACH EMPLOYEE LIST SSN, EMPLOYEE NAME, WAGES AND TAX WITHHELD.</small>  <small>READ INSTRUCTIONS ON REVERSE OF THIS FORM BEFORE COMPLETING TAX RETURN. Be sure to sign this return. Make checks payable to the office indicated above. If no tax is due, write "none" above, sign and return copy to above office for each quarter.</small>				TOTAL AMOUNT ENCLOSED 4	
				TOTAL AMOUNT ENCLOSED 4	
<small>I declare under penalty of law that the information herein contained is true and correct.</small>  FEDERAL ID NUMBER      SIGNATURE      PHONE      DATE				<b>Please see reverse side of form for credit card payments</b>  VALIDATION (FOR OFFICE USE ONLY) _____ DATE: _____ CHECK <input type="checkbox"/> CASH <input type="checkbox"/> AMT PAID: _____ AUDIT: _____ BY: _____	
				<b>JANUARY 1 thru MARCH 31 DUE APRIL 30</b>  DATE PAID: _____ <input type="checkbox"/> CHECK #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER	

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	1. NUMBER OF EMPLOYEES			1. NUMBER OF EMPLOYEES	
	GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)			GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)	
<b>April 1 thru June 30 due JULY 31</b>				NET AMOUNT OF TAX	
YEAR	PSD	ACCT#	TAX RATE		
EMPLOYER'S NAME & ADDRESS  <small>INCLUDE A LISTING OF EMPLOYEES FOR WHOM TAX IS BEING WITHHELD. FOR EACH EMPLOYEE LIST SSN, EMPLOYEE NAME, WAGES AND TAX WITHHELD.</small>  <small>READ INSTRUCTIONS ON REVERSE OF THIS FORM BEFORE COMPLETING TAX RETURN. Be sure to sign this return. Make checks payable to the office indicated above. If no tax is due, write "none" above, sign and return copy to above office for each quarter.</small>				TOTAL AMOUNT ENCLOSED 4	
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				<b>APRIL 1 thru JUNE 30 DUE JULY 31</b>  DATE PAID: _____ <input type="checkbox"/> CHECK #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER	

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	1. NUMBER OF EMPLOYEES			1. NUMBER OF EMPLOYEES	
	GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)			GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)	
<b>July 1 thru September 30 due OCTOBER 31</b>				NET AMOUNT OF TAX	
YEAR	PSD	ACCT#	TAX RATE		
EMPLOYER'S NAME & ADDRESS  <small>INCLUDE A LISTING OF EMPLOYEES FOR WHOM TAX IS BEING WITHHELD. FOR EACH EMPLOYEE LIST SSN, EMPLOYEE NAME, WAGES AND TAX WITHHELD.</small>  <small>READ INSTRUCTIONS ON REVERSE OF THIS FORM BEFORE COMPLETING TAX RETURN. Be sure to sign this return. Make checks payable to the office indicated above. If no tax is due, write "none" above, sign and return copy to above office for each quarter.</small>				TOTAL AMOUNT ENCLOSED 4	
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				<b>JULY 1 thru SEPTEMBER 30 DUE OCTOBER 31</b>  DATE PAID: _____ <input type="checkbox"/> CHECK #: _____ <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER	

**EMST-1 EMERGENCY AND MUNICIPAL SERVICES TAX RETURN**

RETURN THIS SECTION TO TAX OFFICE WITH PAYMENT. COMPLETE IN FULL.

RETAIN THIS STUB FOR YOUR RECORDS.

MAKE CHECKS PAYABLE TO 4

**TAX COMPUTATION**

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1. NUMBER OF EMPLOYEES

1. NUMBER OF EMPLOYEES

GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)

GROSS AMOUNT OF TAX (LINE #1 X TAX RATE)

**October 1 thru December 31 due JANUARY 31**

NET AMOUNT OF TAX

NET AMOUNT OF TAX

YEAR PSD ACCT# TAX RATE

EMPLOYER'S NAME & ADDRESS

TOTAL AMOUNT ENCLOSED 4

TOTAL AMOUNT ENCLOSED 4

Please see reverse side of form for credit card payments

**OCTOBER 1 thru DECEMBER 31 DUE JANUARY 31**

I declare under penalty of law that the information herein contained is true and correct. READ INSTRUCTIONS ON REVERSE OF THIS FORM BEFORE COMPLETING TAX RETURN.

X

VALIDATION (FOR OFFICE USE ONLY)

DATE:

CHECK  CASH  AMT PAID:

AUDIT: BY:

DATE PAID:

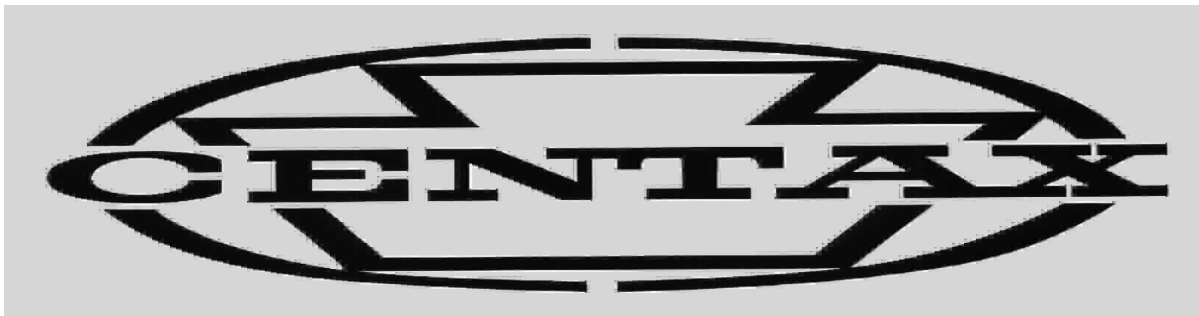
CHECK #:

CASH

MONEY ORDER

INCLUDE A LISTING OF EMPLOYEES FOR WHOM TAX IS BEING WITHHELD. FOR EACH EMPLOYEE LIST SSN, EMPLOYEE NAME, WAGES AND TAX WITHHELD.

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**ANNUAL RECONCILIATION OF EMERGENCY AND MUNICIPAL SERVICES TAXES**

TAX YEAR:

DISTRICT:

A. Total number of employees paid during the current year: A. \_\_\_\_\_

B. Total number of employees reported and verified as being exempt from the tax: B. \_\_\_\_\_

C. Total taxable employees: (Item A minus Item B) C. \_\_\_\_\_

D. Gross tax due: (Item C times ) D. \_\_\_\_\_

E. Taxes paid during the year by month: (Complete on left side of form)

F. Total tax paid during year (Item DD): F. \_\_\_\_\_

G. If Item D is different from item DD, enter difference and explain fully: G. \_\_\_\_\_

H. If additional tax is due compute: 1.) Penalty at \_\_\_\_\_  
2.) Interest at \_\_\_\_\_

I. Total additional tax, penalty, and interest due, if any (Item G plus Item H): I. \_\_\_\_\_

J. If overpayment was made, enter overpayment below and check one:  
 REFUND  CREDIT TO NEXT PAYMENT J. \_\_\_\_\_

AFFIRMATION: I hereby certify under the penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, his declaration is based on all the information of which he has any knowledge.

Signature \_\_\_\_\_ Signature of preparer(if other than taxpayer) \_\_\_\_\_

Date \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

MONTH	# OF EMPLOYEES FOR MO.	DATE PAID	TOTAL TAX PAID (No Penalty/Interest)	FOR OFFICE USE ONLY
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTALS			DD*	