

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

EMPLOYER ACCOUNT ID

2 0 0 6 3 4 3 9

ENTITY ID (EIN)

8 1 1 6 2 9 2 4 4

PERIOD ENDING DATE

1 2 3 1 2 0 2 5

M M D D Y Y Y Y

| PERIOD | SEMI MONTHLY AMOUNTS WITHHELD | | | | | | | | |
|-------------------------|-------------------------------|---|---|---|---|---|---|---|---|
| 1ST HALF 1ST MONTH | | | | 1 | 2 | 8 | . | 2 | 6 |
| 2ND HALF 1ST MONTH | | | | 1 | 3 | 7 | . | 0 | 7 |
| 1ST HALF 2ND MONTH | | | | 1 | 4 | 2 | . | 9 | 2 |
| 2ND HALF 2ND MONTH | | | | | | 0 | . | 0 | 0 |
| 1ST HALF 3RD MONTH | | | | 1 | 3 | 4 | . | 1 | 0 |
| 2ND HALF 3RD MONTH | 1 | 3 | 8 | | | | . | 2 | 0 |
| TOTAL (Enter on Line 2) | 6 | 8 | 0 | | | | . | 5 | 5 |

| PERIOD | MONTHLY AMOUNTS WITHHELD | | | | | | | | |
|-------------------------|--------------------------|---|---|---|---|---|---|---|---|
| 1ST MONTH | | | | 2 | 6 | 5 | . | 3 | 3 |
| 2ND MONTH | | | | 1 | 4 | 2 | . | 9 | 2 |
| 3RD MONTH | 2 | 7 | 2 | | | | . | 3 | 0 |
| TOTAL (Enter on Line 2) | 6 | 8 | 0 | | | | . | 5 | 5 |

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

TYPE OF RETURN ORIGINAL AMENDED
Original or amended. Check block. ➡

BUSINESS NAME AND ADDRESS

CPS OF PHILLY LLC
LEGAL NAME
CHARLEYS PHILLY STEAKS
TRADE NAME
5755 NORTHWEST 84TH AVE
BUSINESS MAILING ADDRESS
JESUS URDANETA FL 33166
CITY, STATE, ZIP

▼ LINES 1 – 5 MUST BE COMPLETED. ▼

| | | | | | | | | | | | |
|---|----|--|--|---|---|---|---|---|---|---|---|
| 1. TOTAL COMPEN- SATION SUBJECT TO PA TAX | | | | 3 | 3 | 3 | 1 | 9 | . | 3 | 8 |
| 2. TOTAL PA WITHHOLDING TAX | | | | 6 | 8 | 0 | | | . | 5 | 5 |
| 3. TOTAL DEPOSITS FOR QUARTER (Including verified overpayments) | | | | 5 | 4 | 2 | | | . | 3 | 5 |
| 4. OVERPAYMENT (If Line 3 is greater than Line 2) | | | | 0 | | | | | . | 0 | 0 |
| 5. TAX DUE/PAYMENT (If Line 3 is less than Line 2) | \$ | | | 1 | 3 | 8 | | | . | 2 | 0 |

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

DEPARTMENT USE ONLY

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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

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