

LOCAL SERVICES TAX

**MAKE CHECK PAYABLE
and RETURN TO**

OFFICE HOURS: 9:00 AM TO 4:30 PM
MONDAY THROUGH FRIDAY



102 RAHWAY ROAD
McMURRAY, PA 15317-3349

LOCAL BUSINESS ADDRESS

FEDERAL I.D. NUMBER

**FOR THE
YEAR OF:**

ACCOUNT
NUMBER:

SIGNATURE/TITLE

DATE

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE, CORRECT, AND COMPLETE RETURN.

NOTE: UNSIGNED RETURNS WILL NOT BE ACCEPTED.

THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]
(* NOTE: IF NO TAX WITHHELD THIS QUARTER, MARK "NONE" AND RETURN THIS FORM.)

1.

Jan. 1 - Mar. 31
DUE APR. 30

2.

Apr. 1 - Jun. 30
DUE JUL. 31

3.

Jul. 1 - Sept. 30
DUE OCT. 31

4.

Oct. 1 - Dec. 31
DUE JAN 31

**EMPLOYER WITHHOLDING
(QUARTERLY REPORTING)**

**SELF-EMPLOYED ONLY
(ANNUAL RETURN)**

- TOTAL NUMBER OF EMPLOYEES _____
- TOTAL NUMBER OF EXEMPT EMPLOYEES _____
- TOTAL NUMBER OF EMPLOYEES FOR WHICH LOCAL SERVICES TAX WITHHELD _____
- NUMBER OF PAY PERIODS _____
- TOTAL TAX WITHHELD \$ _____
- PENALTY AND INTEREST (1% PER MONTH FROM DATE DUE) \$ _____
- TOTAL REMITTED (Sum of Line 5 plus Line 6) \$ _____

LIST NAME, ADDRESS, SOCIAL SECURITY NO. AND NUMBER OF PAYROLL PERIODS AND THE AMOUNT OF LOCAL SERVICES TAX BEING REMITTED FOR EACH EMPLOYEE.

PROCESSED BY

DATE

CHECK OR M.O. NO.

CHECK

CASH

M.O.