

LOCAL SERVICES TAX
Loyalsock Tax Office
Dorothy R. White ~ Tax Collector

Year _____

EMPLOYER NAME AND ADDRESS _____

<input type="checkbox"/> 1ST QUARTER JAN, FEB, MAR DUE APRIL 30	<input type="checkbox"/> 2ND QUARTER APR, MAY, JUN DUE JULY 31
<input type="checkbox"/> 3RD QUARTER JUL, AUG, SEP DUE OCT. 31	<input type="checkbox"/> 4TH QUARTER OCT, NOV, DEC DUE JAN. 31

PLEASE ATTACH A LIST IF YOU HAVE MORE THAN 10 EMPLOYEES

PRINT EMPLOYEE NAME	EMPLOYEE ADDRESS	EMPLOYEE SSN	START DATE	TAX

1. TOTAL TAX WITHHELD AND DUE WITH THIS RETURN	
2. PENALTY (5% Per Year) (Line 1 x .05)	
3. INTEREST DUE (10% Per Year) (No. Months Late x .0083 x Line 1)	
4. TOTAL DUE WITH THIS RETURN (payment must accompany this return) (Line 1 + 2 + 3))	
5. TOTAL NUMBER OF EMPLOYEES INCLUDED ON THIS RETURN	

Signature	Title
Printed Name	Phone No.
Federal Identification No. / Social Security Number	Date

**Make Checks Payable
 and Mail To
 Dorothy R. White
 Tax Collector
 2132 Northway Road
 Williamsport, PA 17701**

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE BELIEVE IT IS TRUE AND CORRECT