## 2018 EMPLOYER QUARTERLY RETURN SELF EMPLOYED FORM

Local Service Tax Withholding

## **Allegheny Township Supervisors**

3131 Colonial Drive Duncansville, PA 16635

814-695-9563

treasurer@alleghenytownship.us

FIN#

**Company Information** 

Employer Name:

Peggy Halleran, Treasurer

Payroll Company or Contact Person Information

Contact Person:

DBA:			Payroll Company:	Payroll Company:	
Physical Location:			Mailing Address:	Mailing Address:	
City, State, Zip			City, State, Zip	City, State, Zip	
Phone:			Phone:		
lemail:			lemail:		
Local Ser	rvices Tax Qua	arterly RECONCILIATION for	QUARTER ENI	DING:	
		-			
	1. Number of SELF EMPLOYED:				
	2. Local Service Tax Withheld:		\$		
3. Credit or Adjustment from prior quarter:			\$	\$	
	4. Penalty of 10%	ն of Tax։	\$	\$	
	5. Total Amount	of taxes due with this form:	\$		
TITLE TELEPHONE	E NUMBER		EMAIL:		
SIGNATURE OF CONTACT			DATE:		
			ITH DENGITTANCE		
		INCLUDE EMPLOYEE DETAIL W	ITH REWITTANCE.		
EMPLOYEE SSN		EMPLOYEE NAME & ADDRESS	LST TAX WITHHELD	NUMBER of PAY PERIODS	
LIVII	20122 3314	EINI LOTEL NAME & ADDICES	EST TAX WITHIELD	NOWIDER OF FATTERIODS	
•					
		is page, or use a separate sheet for addition is page, or use a separate sheet for additions as \$30.00 fee for		TAL AMOUNT ENCLOSED:	

## **EMPLOYER QUARTERLY RETURN FOR LOCAL SERVICE TAXES WITHHELD**

EMPLOYEE SSN	EMPLOYEE NAME & ADDRESS	LST TAX WITHHELD	NUMBER of PAY PERIODS	
TOTAL WITHHELD: \$				