

LOCAL SERVICES TAX

EMPLOYER QUARTERLY RETURN

Jordan Tax Service, Inc.

RETURN TO --> 102 RAHWAY ROAD
MCMURRAY, PA 15317-3349
(724) 731-2316

Twp. or Borough: _____

** Make Check Payable To Municipality Listed Above

YEAR-QTR: _____
ACCOUNT #: _____
DATE DUE: _____
EIN: _____

(Please Supply if Missing)

Name of Business and Address: _____

THIS PAYMENT FOR QUARTER/S INDICATED [CHECK <input checked="" type="checkbox"/> BOX]			
1.	2.	3.	4.
Jan.1 - Mar.31	Apr.1 - Jun. 30	Jul.1-Sept.30	Oct.1-Dec.31
DUE APR.30	DUE JUL.31	DUE OCT.31	DUE JAN.31
EMPLOYER WITHHOLDING (QUARTERLY REPORTING)		SELF-EMPLOYED ONLY (ANNUAL RETURN)	

1. TOTAL NUMBER OF EMPLOYEES _____
2. TOTAL NUMBER OF EXEMPT EMPLOYEES _____
3. TOTAL NUMBER OF EMPLOYEES FOR WHICH LOCAL SERVICES TAX IS WITHHELD _____
4. TOTAL TAX WITHHELD \$ _____
5. PENALTY AND INTEREST (1% PER MONTH FROM DATE DUE) _____
6. TOTAL REMITTED (Sum of Line 4 plus Line 5) \$ _____

\$ _____ PER EMPLOYEE/PER YEAR DEDUCTED
EVENLY FROM PAYCHECKS THROUGHOUT YEAR

Processed By	Date	Check or M.O. #	Check	Cash	M.O.
--------------	------	-----------------	-------	------	------

List Name, Address, Social Security No. and Number of Payroll Periods and the Amount of Local Services Tax being Remitted for Each Employee.

SOCIAL SECURITY NO.	LIST OF ALL EMPLOYEES	If Exempt, Please <input checked="" type="checkbox"/>	ADDRESS	LST AMOUNT PAID FOR QUARTER

TOTAL \$ _____

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.

**PLEASE COMPLETE AND RETURN THIS ENTIRE FORM TO THE OFFICE ADDRESS PROVIDED ABOVE.
MAKE CHECK PAYABLE TO MUNICIPALITY LISTED ABOVE**