BOROUGH OF SOUTH GREENSBURG

RETURN OF TAX WITHHELD FOR LOCAL SERVICES TAX

I hereby certify that this return has been examined by me and the information herein is true, correct and complete.

Signature Official Title Date

Phone Number

For Withheld Tax Period: _____ Qtr._____Year

Jan.-Mar./Due May 15
Apr.-Jun./Due Aug. 15
Jul.-Sep./Due Nov. 15
Oct.-Dec. / Due Feb. 15

Make Checks Payable To:
MARIANNE BOLLING, Tax Collector
1644 Broad Street
South Greensburg, PA 15601
Phone (724)-837-8350

OFFICE HOURS
Monday & Thursday 9:30 a.m. to 1:00 p.m.
Tuesday & Wednesday 3:00 p.m. to 6:30 p.m.
Closed Fridays & Holidays

Tax Withheld No. ..... @ $52.00 _____

INTEREST - at rate of 6% per year after due date ..... _____

PENALTY - 5% per year after due date ..... _____

Total Payment ..... _____

Soc. Sec. No.	Name and Address	Tax Withheld

Computer Schedules showing details required will be accepted.
MUST ACCOMPANY THIS FORM.

☐ **Check** _____ **Total**
☐ **Cash**