

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.

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

Signature _____ Official Title _____ Date _____

Phone Number _____

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 _____

Table with 3 columns: Soc. Sec. No., Name and Address, Tax Withheld. Multiple empty rows for data entry.

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

Check _____ Total []
Cash _____