NEW SEWICKLEY TOWNSHIP/FREEDOM SCHOOL DISTRICT

LOCAL SERVICES TAX-$52.00

Employer's Return
_____ Quarter, _____(year)

INSTRUCTIONS:

1. You must provide a complete listing of all employees (with Soc. Sec. No.) for whom you withheld this tax. Your attached printout is acceptable. The number of employees reported must agree with this listing.
2. Forms and payment must be submitted on or before the last day of the month (April, July, Oct. & Jan.) following each quarter. Tax is to be withheld each pay period for a total of $52.00 yearly. Employees estimated income should be $12,000.00 or over yearly.
3. If you have no employees from whom you are required to deduct this tax engaged in occupations within New Sewickley Township during the period shown, write the word "NONE" on line 1 and enclose an Exemption Certificate.
4. Sign and date this form and send it to the Tax Collector.

Employer's Name _____

Address_____

EIN Number_____ Phone_____

Total # of Employees Reported_____ Total $ remitted _____

Payable to: New Sewickley Tax Collector, 233 Miller Road, Rochester, PA 15074
Phone: 724-774-7826; Fax: 724-774-7825

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

SIGNATURE _____

TITLE _____DATE_____

EMPLOYEE NAMES AND ADDRESS (or attach printed complete listing)

NAME	ADDRESS	SS#	AMOUNT REMITTED