ROARING SPRING BOROUGH LOCAL SERVICES TAX DEDUCTION REPORT

DATE SENT: PREPARED BY:				
Employers Name and Address			I hereby certify that all information and statements hereon made are true and correct: Signature:	
Name of Employee	Social Security #	Address of Employee	Amount Earned	Amount Deducted
Chart No.		TOTAL	C C	
Sheet No		TOTAL	ည	

Return and make check payable to: ROARING SPRING BOROUGH LST COLLECTOR, 616 SPANG STREET, PO BOX 33, ROARING SPRING, PA 16673.