20___ RECONCILIATION OF LOCAL SERVICE TAX ROARING SPRING BOROUGH 616 SPANG STREET PO BOX 33 ROARING SPRING, PA 16673 814-224-4814

COMPANY NAME:			
ADDRESS:			
		_	
PHONE NUMBER:			
1. Number of Withholding Statements (W-2s) you	are sending		
2. Total tax withheld (Enclose with adding tape)			
TOTAL LOCAL SERVICES TAX WITHHELD J	ANUARY 1 –	- DECEMBER 31	I, AS REPORTED:
Quarter Ended March 31,	\$		
Quarter Ended June 30,	\$		
Quarter Ended September 30,	\$		
Quarter Ended December 31,	\$		
TOTAL MUST AGREE WITH LINE 2 ABOVE	\$		

ROARING SPRING BOROUGH LOCAL SERVICES TAX DEDUCTION REPORT

DATE SENT:		PREPAREI	PREPARED BY:			
Employers Name and Address			and statement correct:	I hereby certify that all information and statements hereon made are true and correct: Signature		
Name of Employee	Social Security #	Amount Earned	Amount Deducted	Address of Employee		
	TOTA	LS				

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