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

Sheet No._____ TOTALS _____ _____

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