

**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 JANUARY 1 – DECEMBER 31, \_\_\_\_ 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:** \_\_\_\_\_ **PREPARED BY:** \_\_\_\_\_

Employers Name and Address	I hereby certify that all information and statements hereon made are true and correct:  Signature _____
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Name of Employee	Social Security #	Amount Earned	Amount Deducted	Address of Employee

**TOTALS** \_\_\_\_\_

Sheet No. \_\_\_\_\_

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