

**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 \$ _____

