

SPRING COVE SCHOOL DISTRICT

FORM LST

ROARING SPRING BOROUGH

20 _____

QUARTER _____ **LOCAL SERVICES TAX RETURN**

Employee's Evidence of Deduction Certificate

EMPLOYER INFORMATION COMPANY NAME _____ MAILING ADDRESS _____ _____ TELEPHONE #: _____	INSTRUCTIONS This tax applies to those persons who have the privilege to work within the Roaring Spring Borough, Spring Cove School District regardless of place of residence, have earned or made a profit. Tax amounts shall be withheld as follows: If the gross amount earned is \$1,000.00 up to \$12,000.00 the total tax due is \$5.00. If the gross amount earned is \$12,000.00 and higher the total tax due shall be \$52.00.
EMPLOYEE INFORMATION NAME _____ ADDRESS _____ _____ _____ S. S. #: _____	AMOUNT WITHHELD \$ _____
Copy 1 – Send to Roaring Spring Borough, 616 Spang Street, PO Box 33, Roaring Spring, PA 16673 Copy 2 – Evidence of deduction certificate for employee Copy 3 – For your records.	

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