

**SPRING COVE SCHOOL DISTRICT**

**FORM LST**

**ROARING SPRING BOROUGH**

**20** \_\_\_\_\_

**QUARTER** \_\_\_\_\_ **LOCAL SERVICES TAX RETURN**

Employee's Evidence of Deduction Certificate

<b>EMPLOYER INFORMATION</b> COMPANY NAME _____ MAILING ADDRESS _____ _____ TELEPHONE #: _____	<b>INSTRUCTIONS</b> 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.
<b>EMPLOYEE INFORMATION</b> NAME _____ ADDRESS _____ _____ _____ S. S. #: _____	<b>AMOUNT WITHHELD \$</b> _____
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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