$52 LOCAL SERVICE TAX FORM LINESVILLE BOROUGH
Amanda Harper Secretary/Treasurer-Phone #814-683-4382
PO BOX 145, LINESVILLE, PA 16424
DATE _____YEAR 20____

EMPLOYER NAME _____ ADDRESS _____
PHONE NUMBER _____ NUMBER OF EMPLOYEES _____
NUMBER OF PAYROLL PERIODS (for which LST was withheld) ____
***PERSONAL RETURN (SELF-EMPLOYED) YES**
AMOUNT TOTAL $__ ___ CHECK WHICH QUARTER 1ST __2ND____3RD ____4TH___
***Make Checks payable to Linesville Borough*

EMPLOYEE LIST **QUARTERLY PAYMENT**

Social Security No.	Name	Address	Amount
		TOTAL	

FORM NAME: LOCAL SERVICE TAX FORM LINESVILLE BOROUGH