

Quarter: ____ Year: ____

Local Services Tax Return

Business Name and Address: _____

Soc. Sec. No. or Tax I.D. No.: _____ Date Filed: _____

Employee’s Social Security Number	Name and Address of Employee	Tax Withheld
<input type="checkbox"/> Self-Employed – Due 4/30		\$52.00
TOTAL		\$

- 1st Qtr – Ends 3/31 – Due 4/30
- 2nd Qtr – Ends 6/30 – Due 7/31
- 3rd Qtr – Ends 9/30 – Due 10/31
- 4th Qtr – Ends 12/31 – Due 1/31

PAYABLE TO:
 Borough of Danville
 463 Mill Street, Danville, PA 17821
 570-275-3091 ext. 2

Exemption Certificates available upon request.