J.P. HARRIS ASSOCIATES LLC

Municipal and School Tax Accounts

Local Services Tax **Quarterly** Employer Return or Employee Return in Alphabetical Order by **County**

LOCAL SERVICES TAX FOR ALLEGHENY TOWNSHIP, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055

ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

	MUST REPLY EAC	H QUARTER	DUE DATE	ON OR BEFORE		
COUNTY			TWP OR BORO		TAX YEAR	2
SCHOOL DISTRICT					QUARTER	
EMP ID	COMPANY, EMPLO	DYEE OR TAXPAYER NA	ME & ADDRESS	FED EIN# OR SS#	FROM TO	
CIRCLE ONE:	EMPLOYER -	SELF-EMPLOYED	TAXPAYER WI	TH NO LST WITHHELD	DOLLARS	CENTS
1. TOTAL NUMBER	OF EMPLOYEES OF	R FORMS REPORTED				
2	A TOTAL O SANCAROLOGIC FIRST SURVIVOR NO SANCARO	IPLOYEE. \$10 X'S NUME			\$	
4. NET AMOUNT DU	JE-ENCLOSED (LINE	2 MINUS LINE 3)			\$	
5. PENALTY 5% (.0	5)				\$	
6. INTEREST - 1/2%	6 (.005) FOR EACH M	IONTH			\$	
7. TOTAL - INCLUDI			2		\$	

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226 MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN.

8. DATE PAID TO J P HARRIS ASSOCIATES -

SIGNATURE	TITLE	DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 MECHANICSBURG PA 17055

LOCAL SERVICES TAX FOR ASHVILLE BORO, CAMBRIA COUNTY, PA **QUARTERLY RETURN**

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055 ALL EMPLOYERS: MUST SEND EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

MUST REPLY EACH QUARTER

DUE DATE ON OR BEFORE

COUNTY CAMBRIA

TWP OR BORO

ASHVILLE BORO

TAX YEAR

SCHOOL DISTRICT PENN CAMBRIA SCHOOL DISTRICT

QUARTER

EMP ID

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

FED EIN# OR SS#

FROM TO

IRCLE ONE: EMPLOYER SELF-EMPLOYED TAXPAYER WITH NO LST WITHHE	DOLLARS	CENTS
TOTAL NUMBER OF EMPLOYEES OR FORMS REPORTED		
LST - DEDUCT \$10 FROM EACH EMPLOYEE. \$10 X'S NUMBER OF EMPLOYEES.	\$	
EMPLOYER'S COLLECTION FEE (LINE 2 X 2% (.02) IF FILED BY DUE DATE ONLY	\$	
NET AMOUNT DUE-ENCLOSED (LINE 2 MINUS LINE 3)	\$	
PENALTY - 1/2% (.005) FOR EACH MONTH	\$	
. INTEREST - 1/2% (.005) FOR EACH MONTH	\$	
7. TOTAL - INCLUDING ANY PENALTY AND INTEREST DUE	\$	

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226

MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE

8. DATE PAID TO J P HARRIS ASSOCIATES -

TITLE

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC **POBOX 226 MECHANICSBURG PA 17055**

LOCAL SERVICES TAX FOR BARR TOWNSHIP, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055 ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

DUE DATE ON OR BEFORE MUST REPLY EACH QUARTER TWP OR BORO COUNTY CAMBRIA

BARR TOWNSHIP TAX YEAR

SCHOOL DISTRICT NORTHERN CAMBRIA SCHOOL DIST

QUARTER

EMP ID

SIGNATURE

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

FED EIN# OR SS#

FROM TO

CIRCLE ONE:	EMPLOYER	SELF-EMPLOYED	TAXPAYER WITH NO LST WITHHELD		
OINOLL ONL				DOLLARS	CENTS
1. TOTAL NUMB	ER OF EMPLOYEES	OR FORMS REPORTED			
2 LST - DEDUCT	\$10 FROM EACH EM	PLOYEE. \$10 X'S NUMBE	R OF EMPLOYEES.	\$	
3. EMPLOYER'S	COLLECTION FEE (L	INE 2 X 2% (.02) IF FILED	BY DUE DATE ONLY	\$	
4. NET AMOUNT	DUE-ENCLOSED (LI	NE 2 MINUS LINE 3)		\$	
5. PENALTY 5%	(.05)			\$	
6. INTEREST - 1/	/2% (.005) FOR EACH	MONTH		\$	
		Y AND INTEREST DUE		\$	
8 DATE PAID TO	O J P HARRIS ASSO	CIATES -			

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226 MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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AND COMPLETE RETURN.

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 **MECHANICSBURG PA 17055**

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS WITH REGARD TO THE ASSESSMENT, AUDIT, APPEAL, ENFORCEMENT, REFUND, & COLLECTION OF CERTAIN LOCAL TAXES. THE WRITTEN EXPLANATION IS ENTITLED J P HARRIS BILL OF RIGHTS DISCLOSURE STATEMENT. IF YOU WANT A COPY, MAIL US A REQUEST AT THE ADDRESS ON THIS RETURN.

TITLE

LOCAL SERVICES TAX FOR DEAN TOWNSHIP, CAMBRIA COUNTY, PA QUARTERLY RETURN

MUST REPLY EACH QUARTER

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055

ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

COUNTY CAMBR	A TWP OR BORO	DEAN TOWNSHIP	TAX YEAR	
SCHOOL DISTRICT			QUARTER	
EMP ID	COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS	FED EIN# OR SS#	FROM TO	

DUE DATE ON OR BEFORE

CIRCLE ONE:	EMPLOYER	SELF-EMPLOYED	TAXPAYER WITH NO LST WITHHELD		
				DOLLARS	CENTS
1. TOTAL NUMBI	ER OF EMPLOYEES	OR FORMS REPORTED			
2 LST - DEDUC	CT \$10 FROM EACH	EMPLOYEE. \$10 X'S NUME	BER OF EMPLOYEES.	\$	
3. EMPLOYER'S	COLLECTION FEE (L	INE 2 X 2% (.02) IF FILED E	BY DUE DATE ONLY	\$	
4. NET AMOUNT	DUE-ENCLOSED (LI	NE 2 MINUS LINE 3)		\$	
5. PENALTY 5%	(.05)			\$	
6. INTEREST - 1/	2% (.005) FOR EACH	MONTH		\$	
7. TOTAL - INCLU	IDING ANY PENALTY	AND INTEREST DUE		\$	
8. DATE PAID TO	J P HARRIS ASSOC	CIATES -			

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226

MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE	TITLE	DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 MECHANICSBURG PA 17055

LOCAL SERVICES TAX FOR GALLITZIN TOWNSHIP, CAMBRIA COUNTY, PA **QUARTERLY RETURN**

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055 ALL EMPL

OYERS:	MUST.	SEND	EMPLC	YEE	NAMES,	SOCIAL	SECURITY	<u>NUMBERS</u>	& AMOUNTS	WITHHELD

MUST	REPL	Y EACH	I QUAR	RTER

DUE DATE ON OR BEFORE

COUNTY CAMBRIA

TWP OR BORO

GALLITZIN TOWNSHIP

TAX YEAR

SCHOOL DISTRICT PENN CAMBRIA SCHOOL DISTRICT

QUARTER

EMP ID

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

FED EIN# OR SS#

FROM

TO

CIRCLE ONE:

EMPLOYER

SELF-EMPLOYED

TAXPAYER WITH NO LST WITHHELD

DOLLARS	CENTS
ER OF EMPLOYEES OR FORMS REPORTED	
\$10 FROM EACH EMPLOYEE. \$10 X'S NUMBER OF EMPLOYEES.	
COLLECTION FEE (LINE 2 X 2% (.02) IF FILED BY DUE DATE ONLY \$	
DUE-ENCLOSED (LINE 2 MINUS LINE 3) \$	
% (.005) FOR EACH MONTH	
2% (.005) FOR EACH MONTH \$	
DING ANY PENALTY AND INTEREST DUE \$	
J P HARRIS ASSOCIATES -	

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT

P O BOX 226

MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE

TITLE

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 **MECHANICSBURG PA 17055**

LOCAL SERVICES TAX FOR LILLY BOROUGH, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055 ALL EMPLOYERS: MUST SEND EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

MUST	REPL	Y EACH	QUA	RTER
------	------	--------	-----	------

DUE DATE ON OR BEFORE

TAXPAYER WITH NO LST WITHHELD

COUNTY CAMBRIA

TWP OR BORO

LILLY

TAX YEAR

SCHOOL DISTRICT PENN CAMBRIA SCHOOL DISTRICT

QUARTER

CENTS

EMP ID

CIRCLE ONE

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

SELF-EMPLOYED

FED EIN# OR SS#

FROM TO

DOLLARS

1 TOTAL NUMB	ER OF EMPLOYEES C	OR FORMS REPORTED	

EMPLOYER

2 LST - DEDUCT \$30 FOR EACH EMPLOYEE. \$30 X'S NUMBER OF EMPLOYEES. \$ 3. EMPLOYER'S COLLECTION FEE (LINE 2 X 2% (.02) IF FILED BY DUE DATE ONLY NET AMOUNT DUE-ENCLOSED (LINE 2 MINUS LINE 3) 5. PENALTY - 1/2% (.005) FOR EACH MONTH

8. DATE PAID TO J P HARRIS ASSOCIATES -

7. TOTAL - INCLUDING ANY PENALTY AND INTEREST DUE

6. INTEREST - 1/2% (.005) FOR EACH MONTH

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT

P O BOX 226

MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE

TITLE

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 **MECHANICSBURG PA 17055**

LOCAL SERVICES TAX FOR LORETTO BOROUGH, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055

ALL EMPLOYERS: MUST SEND EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

MUST	DEDI	V	EACH	OLIA	RTER
MUSI	KEPL	- T	EACH	WUM	IKIEK

DUE DATE ON OR BEFORE

COUNTY CAMBRIA

TWP OR BORO

LORETTO

TAX YEAR

SCHOOL DISTRICT PENN CAMBRIA SCHOOL DISTRICT

QUARTER

EMP ID

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

FED EIN# OR SS#

FROM TO

EMPLOYER

SELF-EMPLOYED

TAXPAYER WITH NO LST WITHHELD

CIRCLE ONE:	EMPLOYER	SELF-EMPLOYED	TAXPAYER WITH NO LST WITHHELD		
				DOLLARS	CENTS
. TOTAL NUMBE	ER OF EMPLOYEES	OR FORMS REPORTED			
LST - DEDUCT	\$10 FROM EACH EM	IPLOYEE. \$10 X'S NUMBE	ER OF EMPLOYEES.	\$	
3. EMPLOYER'S	COLLECTION FEE (L	INE 2 X 2% (.02) IF FILED	BY DUE DATE ONLY	\$	
4. NET AMOUNT	DUE-ENCLOSED (LI	NE 2 MINUS LINE 3)		\$	
5. PENALTY - 1/2	2% (.005) FOR EACH	MONTH		\$	
6. INTEREST - 1/	2% (.005) FOR EACH	MONTH		\$	
7. TOTAL - INCLU	JDING ANY PENALTY	AND INTEREST DUE		\$	
8. DATE PAID TO	J P HARRIS ASSOC	CIATES -			

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226

MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE

TITLE

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 **MECHANICSBURG PA 17055**

LOCAL SERVICES TAX FOR MUNSTER TOWNSHIP, CAMBRIA COUNTY, PA **QUARTERLY RETURN**

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055

ALL EMPLOYERS: MUST SEND EMPLOYEE NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

MUST REPLY EACH QUARTER

DUE DATE ON OR BEFORE

COUNTY CAMBRIA

TWP OR BORO

MUNSTER TOWNSHIP

TAX YEAR

SCHOOL DISTRICT PENN CAMBRIA SCHOOL DISTRICT

QUARTER

EMP ID

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

FED EIN# OR SS#

FROM

TO

CIRCLE ONE

EMPLOYED

SELF-EMPLOYED

TAXPAYER WITH NO LST WITHHELD

CIRCLE ONE: EMPLOTER SELF-EMILEOTED		
CIRCLE ONE: EMPLOTER SELI-LIMI ESTES WASHINGTON	DOLLARS	CENTS
. TOTAL NUMBER OF EMPLOYEES OR FORMS REPORTED		
LST - DEDUCT \$10 FROM EACH EMPLOYEE. \$10 X'S NUMBER OF EMPLOYEES.	\$	
EMPLOYER'S COLLECTION FEE (LINE 2 X 2% (.02) IF FILED BY DUE DATE ONLY	\$	
. NET AMOUNT DUE-ENCLOSED (LINE 2 MINUS LINE 3)	\$	
PENALTY - 1/2% (.005) FOR EACH MONTH	\$	
INTEREST - 1/2% (.005) FOR EACH MONTH	\$	
7. TOTAL - INCLUDING ANY PENALTY AND INTEREST DUE	\$	
DATE PAID TO J P HARRIS ASSOCIATES -		

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226 **MECHANICSBURG PA 17055**

PHONE: 1-866-766-0226 FAX: (717)766-8039

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE

TITLE

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 **MECHANICSBURG PA 17055**

LOCAL SERVICES TAX FOR NORTHERN CAMBRIA BOROUGH, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055 ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

MUST REPLY EACH QUARTER

DUE DATE ON OR BEFORE

COUNTY CAMBRIA

TWP OR BORO

NORTHERN CAMBRIA

TAX YEAR

SCHOOL DISTRICT NORTHERN CAMBRIA SCHOOL DIST

QUARTER

EMP ID

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

FED EIN# OR SS#

FROM

TO

CIRCLE ONE

EMPLOYER

SELF-EMPLOYED

TAXPAYER WITH NO LST WITHHELD

CIRCLE ONE. LIVII LOTEIX		
	DOLLARS	CENTS
1. TOTAL NUMBER OF EMPLOYEES OR FORMS REPORTED		
2 LST - DEDUCT \$52 FROM EACH EMPLOYEE. DIVIDE \$52 BY NUMBER OF PAYROLL PERIODS A YEAR.	\$	
3. EMPLOYER'S COLLECTION FEE (LINE 2 X 2% (.02) IF FILED BY DUE DATE ONLY	\$	
4. NET AMOUNT DUE-ENCLOSED (LINE 2 MINUS LINE 3)	\$	
5. PENALTY 5% (.05)	\$	
6. INTEREST - 1/2% (.005) FOR EACH MONTH	\$	
7. TOTAL - INCLUDING ANY PENALTY AND INTEREST DUE	\$	
8 DATE PAID TO J P HARRIS ASSOCIATES -		

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT

P O BOX 226

MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE

TITLE

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 **MECHANICSBURG PA 17055**

LOCAL SERVICES TAX FOR SUSQUEHANNA TOWNSHIP, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055

ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

	MUST REPLY EACH QUARTER	DUE DATE	ON OR BEFORE		
COUNTY CAMBRIA		TWP OR BORO	SUSQUEHANNA	TAX YEAR	
SCHOOL DISTRICT	NORTHERN CAMBRIA SCHOOL DIST			QUARTER	
	COMPANY, EMPLOYEE OR TAXPAYER N	AME & ADDRESS	FED EIN# OR SS#	FROM TO	

CIRCLE ONE:	EMPLOYER	SELF-EMPLOYED	TAXPAYER WITH NO LST WITHHELD		
CIRCLE ONE.	TOTAL NUMBER OF EMPLOYEES OR FORMS REPOR		3	DOLLARS	CENTS
. TOTAL NUMBE	ER OF EMPLOYEES	OR FORMS REPORTED			
LST- DEDUCT \$	52 FROM EACH ENPI	LOYEE. DIVIDE \$52 BY N	UMBER OF PAYROLL PERIODS A YEAR	\$	
R EMPLOYER'S	COLLECTION FEE (L	INE 2 X 2% (.02) IF FILED	BY DUE DATE ONLY	\$	
	DUE-ENCLOSED (LIN			\$	
5. PENALTY 5%			¥	\$	
	2% (.005) FOR EACH	MONTH		\$	
		AND INTEREST DUE		\$	
	J P HARRIS ASSOC				

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226 MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN.

71178 001111 22 12 11 11 11		
SIGNATURE	TITLE	DATE
SIGNATURE		

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 MECHANICSBURG PA 17055

LOCAL SERVICES TAX FOR TUNNELHILL BOROUGH, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055

ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

	MUST REPLY EACH QUARTER	DUE DATE O	N OR BEFORE	
COUNTY CAMBRIA	A	TWP OR BORO	TUNNELHILL BOROUGH	TAX YEAR
SCHOOL DISTRICT	PENN CAMBRIA SCHOOL DISTRICT	*		QUARTER
EMP ID	COMPANY, EMPLOYEE OR TAXPAYER NA	ME & ADDRESS	FED EIN# OR SS#	FROM TO

CIRCLE ONE:	EMPLOYER SELF-EMPLOYED TAXPAYER WITH NO LS	TAXPAYER WITH NO LST WITHHELD			
				DOLLARS	CENTS
1. TOTAL NUMB	ER OF EMPLOYEES	OR FORMS REPORTED			
LST - DEDUCT	Γ \$10 FROM EACH EN	IPLOYEE. \$10 X'S NUMBE	ER OF EMPLOYEES	\$	
B. EMPLOYER'S	COLLECTION FEE (L	NE 2 X 2% (.02) IF FILED I	BY DUE DATE ONLY	\$	
. NET AMOUNT	DUE-ENCLOSED (LIN	NE 2 MINUS LINE 3)		\$	
5. PENALTY 5%	(.05)			\$	
S. INTEREST - 1/	2% (.005) FOR EACH	MONTH		\$	
7. TOTAL - INCLU	DING ANY PENALTY	AND INTEREST DUE		\$	
B. DATE PAID TO	J P HARRIS ASSOC	IATES -			

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226 MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE	TITLE	DATE

"COLLECTOR" FOR LOCAL SERVICES TAX

J P HARRIS ASSOCIATES LLC
P O BOX 226
MECHANICSBURG PA 17055

LOCAL SERVICES TAX FOR WASHINGTON TOWNSHIP, CAMBRIA COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055

ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

		MUST REPLY EACH QUARTER	DUE DATE OF	N OR BEFORE	
COUNTY	CAMBRIA	TW	VP OR BORO		TAX YEAR
SCHOOL	DISTRICT	PENN CAMBRIA SCHOOL DISTRICT			QUARTER
EMP	ID	COMPANY, EMPLOYEE OR TAXPAYER NAME	& ADDRESS	FED EIN# OR SS#	FROM TO

CIRCLE ONE:	EMPLOYER	SELF-EMPLOYED	TAXPAYER WITH NO LST WITHHELD	LST WITHHELD	
				DOLLARS	CENTS
1. TOTAL NUMBI	ER OF EMPLOYEES	OR FORMS REPORTED			
2 LST - DEDUC	CT \$10 FROM EACH E	MPLOYEE. \$10 X'S NUME	BER OF EMPLOYEES.	\$	
3. EMPLOYER'S	COLLECTION FEE (L	INE 2 X 2% (.02) IF FILED E	BY DUE DATE ONLY	\$	
4. NET AMOUNT	DUE-ENCLOSED (LI	NE 2 MINUS LINE 3)		\$	
5. PENALTY 5%	(.05)		Э.	\$	
6. INTEREST - 1/	2% (.005) FOR EACH	MONTH		\$	
7. TOTAL - INCLU	DING ANY PENALTY	AND INTEREST DUE		\$	
8. DATE PAID TO	J P HARRIS ASSOC	IATES -			

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226 MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

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SIGNATURE	TITLE	DATE

"COLLECTOR" FOR LOCAL SERVICES TAX

J P HARRIS ASSOCIATES LLC
P O BOX 226
MECHANICSBURG PA 17055

LOCAL SERVICES TAX FOR SUSQUEHANNA TOWNSHIP, DAUPHIN COUNTY, PA QUARTERLY RETURN

MAIL & MAKE PAYABLE TO: J P HARRIS ASSOCIATES LLC, P O BOX 226, MECHANICSBURG, PA 17055 ALL EMPLOYERS: MUST SEND EMPLOYEES' NAMES, SOCIAL SECURITY NUMBERS & AMOUNTS WITHHELD

MUST REPLY EACH QUARTER

DUE DATE ON OR BEFORE

COUNTY DAUPHIN

TWP OR BORO

SUSQUEHANNA LST

TAX YEAR

SCHOOL DISTRICT SUSQUEHANNA TWP LST

QUARTER

EMP ID

COMPANY, EMPLOYEE OR TAXPAYER NAME & ADDRESS

FED EIN# OR SS#

FROM

TO

CIRCLE ONE:	EMPLOYER	SELF-EMPLOYED	TAXPAYER WITH NO LST WITHHELD		
				DOLLARS	CENTS
. TOTAL NUMB	ER OF EMPLOYEES	OR FORMS REPORTED	FOR QUARTER		-
GROSS "LST"	\$				
3. EMPLOYER'S COLLECTION FEE (LINE 2 X 2% (.02) IF FILED BY DUE DATE ONLY				\$	
4. NET AMOUNT DUE-ENCLOSED (LINE 2 MINUS LINE 3)				\$	
5. PENALTY 5% (.05)				\$	
6. INTEREST - 1/2% (.005) FOR EACH MONTH				\$	
7. TOTAL - INCLUDING ANY PENALTY AND INTEREST DUE				\$	
DATE PAID TO	J P HARRIS ASSOC	CIATES -			

MAIL THIS FORM AND PAYMENT TO:

J P HARRIS ASSOCIATES LLC LOCAL SERVICES TAX DEPT P O BOX 226

MECHANICSBURG PA 17055

PHONE: 1-866-766-0226 FAX: (717)766-8039

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE

TITLE

DATE

"COLLECTOR" FOR LOCAL SERVICES TAX J P HARRIS ASSOCIATES LLC P O BOX 226 MECHANICSBURG PA 17055