

LOCAL SERVICES TAX REPORTING FORM  
NETHER PROVIDENCE TOWNSHIP

214 Sykes Lane  
(610) 566-4516

Wallingford, PA 19086  
Fax (610) 892-2890

For the Quarter ending September 30, 2018  
Due on or before October 31, 2018  
Payable to Nether Providence Township

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Local \_\_\_\_\_  
Business/Home \_\_\_\_\_  
Based Employee \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing Address \_\_\_\_\_  
for Forms: \_\_\_\_\_

**EMERGENCY CONTACT NAME & TELEPHONE NUMBER**

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1. Total Number of Employees Listed Below  
(Include full and part time employees) \_\_\_\_\_
  2. Gross Amount of Tax (Line 1 X \$13.00  
weeks in quarter) \_\_\_\_\_
  3. Penalty (5%) if Paid after Due Date Above \_\_\_\_\_

TOTAL DUE AND ENCLOSED \_\_\_\_\_

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

I declare under penalty of law that the information herein contained is true.

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Authorized Signature

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Telephone Number