

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 December 31, 2016
Due on or before January 31, 2017
Payable to Nether Providence Township

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

EMERGENCY CONTACT NAME & TELEPHONE NUMBER

-
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.

Authorized Signature

Telephone Number