

Form ER Transmittal Statement

LST TAX

EMPLOYER'S/PERSONAL RETURN

PAYABLE TO

DOROTHY MCLAUGHIN, Tax Collector
874 Hex Highway, Hamburg PA 19526

Tax Due - April 30, July 31, October 31, January 31

TAX PERIOD

AMOUNT WITHHELD

Employer's Name, Address & I.D. Number

1	TOTAL NUMBER OF TAXABLE EMPLOYEES	
2	GROSS AMOUNT OF TAX (Line 1 x 52.00 - 1.00/week)	
3	EMPLOYER'S COLLECTION FEE (Line 2 x 2%)	
4	NET AMOUNT DUE - ENCLOSED (Line 2 minus line 3)	
5	PENALTY	
6	INTEREST	
7	TOTAL DUE	

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE _____ DATE _____

WHITE - EMPLOYER'S COPY

YELLOW - TAX COLLECTOR'S COPY

PINK - TOWNSHIP COPY