

FORM LS2-B
EAST COCALICO TOWNSHIP
LOCAL SERVICES TAX
EMPLOYEE DEDUCTIONS

QUARTER: ____ (1, 2, 3 or 4) -- or --
END OF YEAR SUMMARY REPORT: ____

DATE SUBMITTED: _____

EMPLOYEES' NAMES, ADDRESSES AND SS#:

EMPLOYER NAME AND ADDRESS:

PHONE: _____
EIN: _____

AMOUNTS WITHHELD THIS QUARTER:
(OR AMOUNT WITHHELD THIS YEAR
FOR END OF YEAR SUMMARY REPORT)

PAGE TOTAL:
GRAND TOTAL (if last page):