Honesdale Borough 20__ Local Services Tax
Quarterly Remittance Form Quarter: 1 2 3 4 (circle one)

Employer's Name _____

Contact Name _____

Phone # _____

Official Use Only:
Date Received ___/____/_____
Amount Paid $_____
Check # _____ Cash (Initial) _____

Owner/Employee Name	# Of Pay Periods in Quarter	Exemption Certificate Filed (X)	If Exempt, has employee earned $12,000 to date?	Contribution Due