

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

Employer's Name _____
Employer's Address _____

Contact Name _____
Phone # _____

Official Use Only:
Date Received ____/____/____
Amount Paid \$ _____
Check # _____ **Cash (Initial)** _____
 (Make Checks Payable to Honesdale Borough)

Owner/Employee Name	# Of Pay Periods in Quarter	Exemption Certificate Filed (X)	If exempt, has employee earned less than \$12,000 for the year?	Paystub or W2 provided?	Contribution Due

Contribution Total \$ _____