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)
Submit document(s) & payment(s) to
958 Main Street
Honesdale, PA 18431

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 $_____