

**SHAMOKIN DAM BOROUGH**  
**Local Services (LS) Tax – Page 1**  
**P O Box 273, Shamokin Dam, PA 17876**  
**570-743-7565**

**REPORT FOR THE CALENDAR YEAR 2020**

- \_\_\_\_\_ 1<sup>st</sup> Qtr (January, February & March - Report Due April 30, 2020)  
\_\_\_\_\_ 2<sup>nd</sup> Qtr (April, May & June - Report Due July 30, 2020)  
\_\_\_\_\_ 3<sup>rd</sup> Qtr (July, August & September - Report Due October 30, 2020)  
\_\_\_\_\_ 4<sup>th</sup> Qtr (October, November & December - Report due by January 30, 2021)  
(Please check the appropriate quarter)

Employer/Self Employed Name \_\_\_\_\_ Date \_\_\_\_\_

Doing Business As \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Person Completing Form \_\_\_\_\_ email \_\_\_\_\_

**TAX SUBMITTED THIS QUARTER**

1. Total number of employees or self-employed reported \_\_\_\_\_
2. Gross amount of tax. \$ \_\_\_\_\_
3. Penalty if filed and paid after due date (**Line 2 x .10**) \$ \_\_\_\_\_  
Example if \$10.00 was collected-(\$10 x .10 = \$1.00)
4. Interest if filed and paid after due date (**Line 2 x .06 per month late**) \$ \_\_\_\_\_  
Example if \$10.00 was collected (\$10 X .06 for one month = \$.60)
5. Total Amount Enclosed \$ \_\_\_\_\_

Please make all checks payable to: **Special Tax Collector**  
Mail to: **P O Box 273**  
**Shamokin Dam, PA 17876**

Employers are required to submit a report **each** quarter.

Computer generated forms may be used to replace the second page as long as they include the required employee information.

Any questions should be directed to Special Tax Collector, at the Shamokin Dam Borough Office, by phone 570-743-7565 or email [lleitzel@shamokindam.net](mailto:lleitzel@shamokindam.net). Additional forms are available on our Website: [www.shamokindam.net](http://www.shamokindam.net).

**SHAMOKIN DAM BOROUGH**  
**Local Services (LS) Tax – Page 2**

Employers Name \_\_\_\_\_ Quarter & Year \_\_\_\_\_

Employee Name	Address	City	State	Zip	SS#	Total Payroll Deduction
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____	_____

I declare under penalty of law that the information herein contained is true and correct.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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(This form may be duplicated if necessary)