

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

EMPLOYER NAME AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PHONE: \_\_\_\_\_  
EIN: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

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

EMPLOYEES' NAMES, ADDRESSES AND SS#:

NOTE: For End-of-Year Summary Report, list all employees and business owners for whom tax was submitted for the year, and the total submitted for each. If the total is not the required \$52, note an explanation. The only compliant explanations are: (1) the employee was hired during the year, (2) the employee was terminated during the year, (3) the business began business within the township during the year..

PAGE TOTAL:  
GRAND TOTAL (if last page):