

**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..

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GRAND TOTAL (if last page):**