

FORM LS1**EAST COCALICO TOWNSHIP
LOCAL SERVICES TAX
EMPLOYER'S RETURN****PAYABLE TO:****Sue Nielsen, Tax Collector
East Cocalico Township
100 Hill Road
Denver, PA 17517****BUSINESS NAME AND ADDRESS:**

Total number of employees reported herewith: _____**Gross amount of tax submitted:** _____**Penalty for late submissions (.5%/month):** _____**Total remittance:** _____**DUE WITHIN 30 DAYS OF:****QUARTER ONE (3/31) QUARTER TWO (6/30)
QUARTER THREE (9/30) QUARTER FOUR (12/31)****BUSINESS PHONE:** _____**FED EIN #** _____**I declare under penalty of law that the information contained
herein is true and correct to the best of my knowledge.****AUTHORIZED SIGNATURE:** _____ **DATE:** _____