

**FORM LS1**

**EAST COCALICO TOWNSHIP  
LOCAL SERVICES TAX  
EMPLOYER'S RETURN**

**Total number of employees reported herewith:** \_\_\_\_\_

**Gross amount of tax submitted:** \_\_\_\_\_

**Penalty for late submissions (.5%/month):** \_\_\_\_\_

**PAYABLE TO:**

**East Cocalico Township Tax Collector  
100 Hill Road  
Denver, PA 17517**

**Total remittance:** \_\_\_\_\_

**DUE WITHIN 30 DAYS OF:**

**QUARTER ONE (3/31)**

**QUARTER TWO (6/30)**

**QUARTER THREE (9/30)**

**QUARTER FOUR (12/31)**

**BUSINESS NAME AND ADDRESS:**

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

**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:** \_\_\_\_\_