

# SHIPPINGPORT BOROUGH

## Report of Earned Income Tax Withheld

Company _____ Address _____ Employer Identification No. _____	Report for period from _____ to _____ Number of Employees subject to tax - _____ Tax withheld at 1 percent \$ _____ Penalties (late filing) \$ _____ Total payment \$ _____
Make check payable to:  Melinda Ordich, Tax Collector P.O. Box 76 Shippingport, PA 15077	I declare, under penalties of perjury, that this is a true, correct and complete return of all salaries and wages subject to withholding during this period.  Signature _____ Official Title _____ Date _____
Payment due on or before: _____	

### MUST BE COMPLETED AND FILED WITH TAX PAYMENT ON TAX WITHHELD

Employee Name and Address	Social Security No.	Gross Earnings	Tax Withheld