PHONE:
724.258.9024
Make Checks Payable:
City of Monongahela

CITY OF MONONGAHELA

Office of Income Tax Commissioner
449 West Main Street
Monongahela, PA 15063

HOURS:
Monday- Friday
9:00 AM-12:00 PM
1:00 PM- 4:00 PM

2009

EMPLOYERS LOCAL SERVICE TAX QUARTERLY RETURN

1st Quarter
Ends 03/31- Due 04/30

Employer's Name and Address

_____

_____

_____

Contact Name and Phone Number

_____

1) Number of Employees _____
Reported this quarter

2) Tax Withheld _____
Line 1 x $5.00

3) Penalty & Interest _____
1% per month on late payments

4) Total Remitted _____
Line 2 + Line 3

EMPLOYER'S FEDERAL EIN _____

Employee Social-Security Number	Employee Last Name, First Name and Address	Tax Withheld

I hereby certify that this return has been examined by me and the information herein is true, correct and complete.

_____ _____

Signature Date