

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
PERSONAL LOCAL SERVICE TAX RETURN

Name _____
Address _____
Phone Number _____

1) Local Service Tax \$ 5.00
2) Penalty & Interest
1% per month on late payments _____
3) Total Remitted _____
Line1 + Line 2

I am not required to pay this tax for the following reason:(Please check one).
(see instructions below)

A B C

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

Signature

Date

Form Instructions

Enter your name address and a phone number that your can be reached during the day.
Enter any penalty and interest due on line 2.
Enter total on line 3.
Sign and date your return.
Enclose payment and send to the address at the top of the form.

If you are not required to pay this tax enter zero on line 3 and check the appropiate box.
A) You have another employer who already deducted this tax (please provide evidence of such).
B) You are not engaged in a business or occupation within the city.
C) Your total gross compensation in less than \$1,000.00 annually from all sources.
Sign and date your return.
Send to the address at the top of the form.