Year_____

REPORT OF EARNED INCOME TAX WITHHELD BY EMPLOYERS FOR Bellefonte Borough & Bellefonte School Dist.

Employer's EIN#_____

Employer's Name_____

Address_____

This report must be filed and paid to:
Bellefonte Borough Earned Income Tax Collector
236 West Lamb Street, Bellefonte, PA 16823
within 30 days of the period covered
Phone: (814) 353-2314 Fax: (814) 353-2315

Contact Name & Tel.#_____

Period Covered: (please identify with an X)

___January thru March ___April thru June ___July thru September ___October thru December

Employee's Name	Address	Soc. Sec. #	Wages Paid	Tax Withheld

Remit total withholding to Bellefonte Borough Tax Office at
236 W Lamb Street, Bellefonte, PA 16823

Total Tax Withheld: $