EMPLOYERS RETURN OF EARNED INCOME TAX WITHHELD
FOR SOMERSET TOWNSHIP SUPERVISORS

File With:
TOWNSHIP OF SOMERSET
Earned Income Tax Collector
P.O. Box 146
Somerset, PA 15501
Make Checks Payable to: **Township of Somerset, Earned Income Tax Collector**

For the Quarter Ended _____

Filed By _____

Number of Employees Listed on This Return ..... $ _____

Taxable Wages Paid ..... $ _____

Actual Tax Withheld - ½ of 1% ..... $ _____

TOTAL AMOUNT AS LISTED ..... $ _____

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, pursuant to the Earned Income and Pofits Tax Resolution and the regulations issued under authority thereof.

(Signed) _____

(Title) _____
(Owner, president, partner, member, etc.)

(Date) _____

SOC. SEC. NO.	NAME ADDRESS	GROSS WAGES THIS QUARTER	TAX WITHHELD