

SHAMOKIN DAM BOROUGH
Local Services (LS) Tax – Page 1
P O Box 273, Shamokin Dam, PA 17876
570-743-7565

REPORT FOR THE CALENDAR YEAR 2025

- _____ 1st Qtr (January, February & March - Report Due April 30, 2025)
_____ 2nd Qtr (April, May & June - Report Due July 30, 2025)
_____ 3rd Qtr (July, August & September - Report Due October 30, 2025)
_____ 4th Qtr (October, November & December - Report due by January 30, 2026)
(Please check the appropriate quarter)

Employer/Self Employed Name _____ Date _____

Doing Business As _____ Telephone _____

Address _____

City, State, Zip _____

Person Completing Form _____ email _____

TAX SUBMITTED THIS QUARTER

1. Total number of employees or self-employed reported _____
2. Gross amount of tax. \$ _____
3. Penalty if filed and paid after due date (**Line 2 x .10**) \$ _____
Example if \$10.00 was collected-(\$10 x .10 = \$1.00)
4. Interest if filed and paid after due date (**Line 2 x .06 per month late**) \$ _____
Example if \$10.00 was collected (\$10 X .06 for one month = \$.60)
5. Total Amount Enclosed \$ _____

Please make all checks payable to: **Special Tax Collector**
Mail to: **P O Box 273**
Shamokin Dam, PA 17876

Employers are required to submit a report **each** quarter.

Computer generated forms may be used to replace the second page as long as they include the required employee information.

Any questions should be directed to Special Tax Collector, at the Shamokin Dam Borough Office, by phone 570-743-7565 or email lleitzel@shamokindam.net. Additional forms are available on our Website: www.shamokindam.net.

SHAMOKIN DAM BOROUGH
Local Services (LS) Tax – Page 2

Employers Name _____ Quarter & Year _____

Employee Name	Address	City	State	Zip	SS#	Total Payroll Deduction
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____	_____

I declare under penalty of law that the information herein contained is true and correct.

Authorized Signature _____ Date _____
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(This form may be duplicated if necessary)