

**2009 TAX YEAR Acct#**  
**1ST QTR WILKINS LOCAL SERVICES TAX**

**\*LISTING OF NAME, SS#, AND ADDRESS MUST BE ATTACHED**

- 1) Number of employees OR owners subject to tax
- 2) Tax Payment: # of employees x \$1 a week
- 3) Interest & Penalty 1% per month
- 4) Total Payment Check # \_\_\_\_\_
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_

*TO AVOID INTEREST & PENALTY MAKE PAYMENTS QUARTERLY*

**DUE BY: APRIL 30<sup>TH</sup>** FEDERAL ID # \_\_\_\_\_

I verify to the best of my knowledge this is a true and complete statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Blank forms are on our web site [WWW.MONROEVILLE.PA.US](http://WWW.MONROEVILLE.PA.US)**

*Make Check Payable to: Municipality of Monroeville*

*Mail to: Wilkins LST, 2700 Monroeville Blvd,  
Monroeville, PA 15146-2388*

**2009 TAX YEAR Acct#**  
**3RD QTR WILKINS LOCAL SERVICES TAX**

**\*LISTING OF NAME, SS#, AND ADDRESS MUST BE ATTACHED**

- 1) Number of employees OR owners subject to tax
- 2) Tax Payment: # of employees x \$1 a week
- 3) Interest & Penalty 1% per month
- 4) Total Payment Check # \_\_\_\_\_
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_

*TO AVOID INTEREST & PENALTY MAKE PAYMENTS QUARTERLY*

**DUE BY: OCTOBER 31<sup>ST</sup>** FEDERAL ID # \_\_\_\_\_

I verify to the best of my knowledge this is a true and complete statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**2009 TAX YEAR Acct#**  
**2ND QTR WILKINS LOCAL SERVICES TAX**

**\*LISTING OF NAME, SS#, AND ADDRESS MUST BE ATTACHED**

- 1) Number of employees OR owners subject to tax
- 2) Tax Payment: # of employees x \$1 a week
- 3) Interest & Penalty 1% per month
- 4) Total Payment Check # \_\_\_\_\_
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_

*TO AVOID INTEREST & PENALTY MAKE PAYMENTS QUARTERLY*

**DUE BY: JULY 31<sup>ST</sup>** FEDERAL ID # \_\_\_\_\_

I verify to the best of my knowledge this is a true and complete statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**2009 TAX YEAR Acct#**  
**4TH QTR WILKINS LOCAL SERVICES TAX**

**\*LISTING OF NAME, SS#, AND ADDRESS MUST BE ATTACHED**

- 1) Number of employees OR owners subject to tax
- 2) Tax Payment: # of employees x \$1 a week
- 3) Interest & Penalty 1% per month
- 4) Total Payment Check # \_\_\_\_\_
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_

*TO AVOID INTEREST & PENALTY MAKE PAYMENTS QUARTERLY*

**DUE BY: JANUARY 31<sup>ST</sup>** FEDERAL ID # \_\_\_\_\_

I verify to the best of my knowledge this is a true and complete statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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