## FORM OP - 1 CALENDAR YEAR **LOCAL SERVICES TAX EMPLOYER'S RETURN**

PAYABLE TO: TAX COLLECTOR 380 W. BALD EAGLE AVE. S. WILLIAMSPORT PA 17702

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT

AUTHORIZED SIGNATURE

. Total number of employees reported herewith	1
. Gross amount of tax (Line 1 X \$52,00)	2
. Penalty (1/2 of 1% monthly)	3
. Interest (6%)	4
. Total - Including any penalty and interest due	5

NAME AND ADDRESS

ACCOUNT NO.

FOR PERIOD ENDING

DUE ON OR BEFORE

COPY A - TO TAX OFFICER