2010 EMPLOYER WITHHOLDING FORM

for the Borough of Canonsburg and Canon-McMillan School District

Please indicate quarter you are remitting:

☐ **1st Quarter** *(Due: April 30, 2010)* ☐ **2nd Quarter** *(Due: July 31, 2010)* ☐ **3rd Quarter** *(Due: October 31, 2010)* ☐ **4th Quarter** *(Due: January 31, 2011)*

Total Amount Withheld: $_____

Remittance Check No.: _____

Total Employees this form: _____

FEDERAL ID NUMBER: _____

Contact Person: _____

COMPANY NAME AND ADDRESS:

_____

_____

_____

Phone (_____) _____

Remit completed form to:

Robert A. Maceiko, Tax Collector
15 North Central Avenue
Canonsburg, PA 15317
Phone: (724) 745-5310

Office Hours:
Mon-Thur 9-4
Friday 9-5:30

Employee Name	Address	Soc-Sec-Num	Amount Withheld(1% of Gross Wages)