

Employer's Report and Remittance Form

INCOME TAX OFFICE of the
FRANKLIN TOWNSHIP Area of the **GENERAL McLANE SCHOOL DISTRICT**
6881 Old State Road, Edinboro, PA 16412

June T. Shelhamer, Receiver

(814) 734-3155

Date: _____

Name of Employer: _____

Address of Employer: _____

Withholding for Quarter Ending: 3/31/ _____ 6/30/ _____ 9/30/ _____ 12/31/ _____ Year End _____

(You may use a payroll computer print-out providing all the necessary information is readable. Please include this sheet as a cover for your print-out.)

Name of Employee	Address of Employee	Amt. Withheld	

TOTAL \$ _____

Signed: _____