

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

**BOROUGH and SCHOOL DISTRICT OF NORTHERN CAMBRIA
MULTIPLE WITHHOLDING STATEMENT**

Employer Submitting Report: _____ Date: _____

Name _____ FOR QUARTER ENDING: _____

Address _____

Employee's Full Name	Social Security No.	Residence	Quarterly Income	Quarterly Tax Remitted
		Totals		

****Please Make Checks Payable To****

**Borough of Northern Cambria
P.O. Box 1188
Northern Cambria, PA 15714**

I hereby certify that the Information and Statements contained herein and in any schedules and exhibits attached are True and Correct.

Signed: _____

Official Title: _____

Employer Has Thirty (30) Days To Return This Form to the Tax Office