

**CHADDS FORD TOWNSHIP
LOCAL SERVICE TAX**

MRRS ACCOUNT NUMBER: _____

EIN: _____

BUSINESS: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

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

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____

Annual Payment
() January 1– December 31

Quarterly Payment(s)
() January 1– March 31
() April 1– June 30
() July 1– September 30
() October 1– December 31

Due Date
July 1

Due Date(s)
April 30
July 31
October 31
January 31

1.	TOTAL NUMBER EMPLOYEES		
2.	GROSS AMOUNT OF TAX DUE (Line 1 x \$52.00)		
3.	PENALTY (5% If Paid After Due Date)		
4.	INTEREST (6% Interest from Original Due Date)		
5.	TOTAL LST DUE (Including Penalty and Interest Due)		

Kindly Remit To: **MRRS, LLC**
P.O. Box 1391
Media, PA 19063

LOCAL SERVICE TAX—\$52.00 PER YEAR / PER EMPLOYEE

PLEASE MAINTAIN COPY OF THIS FORM FOR YOUR RECORDS

2020_DEL_04_QLSTAX

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