

**EMERGENCY & MUNICIPAL SERVICES TAX**

EMPLOYEE'S EVIDENCE OF DEDUCTION  
CERTIFICATE

**TOWNSHIP OF NORTH FAYETTE**

NOTE: RETAIN UNUSED COPIES OF FORM PT2.

INSTRUCTIONS

COMPLETE FORM PT2 – SHOWING EMPLOYEE'S  
NAME AND CORRECT HOME ADDRESS.

- 1 SEND COPY A – TO COLLECTOR
- 2 GIVE COPY B – TO YOUR EMPLOYEE.
3. KEEP COPY C – FOR YOUR RECORDS.

SEE INSTRUCTIONS ON BACK OF FORM PT1.

EMPLOYER'S NAME	EMPLOYER NUMBER	EMPLOYEE'S NAME – ADDRESS – SOCIAL SECURITY NUMBER
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COPY B - TO EMPLOYEE

FORM PT 2 - THIS IS YOUR EVIDENCE OF DEDUCTION CERTIFICATE FOR YEAR      OF EMS TAX WITHHELD BY YOUR EMPLOYER. DETACH AND **RETAIN IN YOUR POSSESSION.** YOUR TAX IS \$52.00. IN THE EVENT YOU CHANGE EMPLOYERS IN CALENDAR YEAR OF      SHOW CERTIFICATE TO NEW EMPLOYER SO NO ADDITIONAL DEDUCTION WILL BE MADE. NOT VALID UNLESS SIGNED BY EMPLOYEE.

↙ FOLD

FORM PT2 – COPY B  TOWNSHIP OF NORTH FAYETTE	FORM PT2 – COPY B  EMPLOYEE'S EVIDENCE OF DEDUCTION CERTIFICATE EMS TAX - AMOUNT \$52.00
EMPLOYER'S NAME      EMPLOYER NUMBER	EMPLOYEE'S NAME – ADDRESS – SOCIAL SECURITY NUMBER
_____ EMPLOYEE'S SIGNATURE	

COPY C – TO EMPLOYER

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