LOCAL SERVICES TAX (LST)

FORM LST-1 **YEAR 20_____** **QTR_____**

ACCOUNT NUMBER

Payment Due 30 Days After End of Quarter

CITY OF LOWER BURRELL AND BURRELL SCHOOL DISTRICT
For Receipt Bring Or Mail This Copy with stamped Return Envelope

I HEREBY CERTIFY THIS RETURN HAS BEEN EXAMINED BY ME AND THE INFORMATION HEREIN IS TRUE, CORRECT, AND COMPLETE.

Signature Official Title Date

$52.00 per employee
($1.00 per week)

*Report must include names, addresses, social security numbers of the employees, and the tax amount deducted quarterly.

1. Number of employees _____
2. Self-employed _____
3. Total number of taxables reported _____
4. Total amount due _____

EMPLOYEE NAME	STREET ADDRESS	CITY & ZIP CODE	SOCIAL SECURITY	LST WITHHELD
			PAGE TOTAL	

MAKE CHECKS PAYABLE TO AND MAIL TO:
LOWER BURRELL, CITY TREASURER
115 SCHREIBER STREET
LOWER BURRELL, PA 15068-3229
(724) 337-4381
$25.00 FEE FOR ALL CHECKS RETURNED

REMITTANCE COPY