City of Meadville Local Services Tax Quarterly LST Tax Withheld Report

	Tax Year: 2016	(Please indicate the quarter you are reporting)			
Employer ID:	1ax 1eai: 2010	☐ 1 st Quarter - Due 04/30/2016			
Employer Name:		☐ 2 nd Quarter - Due 07/31/2016			
mployer Address:		☐ 3 rd Quarter - Due 10/31/2016			
		☐ 4 th Quarter - Due 01/31/2017			
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Total LST Withheld for the Quarter \$_____ Total # of Employees:_____ If no employee's to report for the quarter complete form with zeros and return to avoid failure to file notices.

SSN#	NAME (LAST, FIRST)	ADDRESS	СІТҮ	STATE	ZIP	QUARTERLY LST WITHHELD
Total LST Withheld						

SEND FORMS AND PAYMENTS TO: RECEIVER OF TAXES, 894 DIAMOND PARK, MEADVILLE PA 16335