

**2015 LOCAL SERVICES TAX
EMPLOYER'S RETURN FORM -- LST 1**

PAYABLE TO:

ALLEGHENY TOWNSHIP SUPERVISORS
3131 COLONIAL DRIVE
DUNCANSVILLE, PA 16635
(814) 695 - 9563

Name of Employer and Address in Allegheny Township:

_____ Telephone # _____

Contact Person: _____ Email Address: _____

Mailing Address (if different) _____

FOR QUARTER ENDED ON: _____

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1. Total number EMPLOYEES reported: _____
*Attach list of all persons paying with this report.
 2. Total gross wages this quarter: _____
 3. Amount withheld each pay per employee: _____
 4. Total amount of LST Taxes withheld this quarter: _____
 5. Employer's collection fee (2%): _____
 6. Refund of Taxes collected (include backup): _____
 7. NET AMOUNT DUE: _____
 8. Penalty- if received after due date (10%): _____
 9. TOTAL – ENCLOSED (including penalty): _____

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

DATE FILED

AUTHORIZED SIGNATURE