

LOCAL SERVICES TAX

TAX YEAR _____ QUARTER _____

BERKS EIT BUREAU
 Phone: 610-372-8439/1-855-372-8439
 Fax: 610-372-1102

1. TOTAL NUMBER OF TAXABLE INDIVIDUALS	1
2. AMOUNT OF TAX REPORTED	2
3. APPLICABLE DISCOUNTS	3
4. NET TAX DUE	4
5. PENALTY	5
6. INTEREST	6
7. TOTAL DUE	7
8. NUMBER OF EXEMPTIONS	8

Municipality:
 School District:
 PSD:

Business Name: _____

Worksite Address: _____

 LST Account Number (10 Character)

Mailing Address: _____



PLEASE CHECK THIS BOX IF YOU WILL BE FILING AND/ OR PAYING ELECTRONICALLY.

PLEASE USE THE TABLE BELOW TO REPORT THE NAMES, COMPLETE SOCIAL SECURITY NUMBERS AND AMOUNT OF TAX PAID FOR THIS QUARTER.
 **EMPLOYERS WITH 50 OR MORE MUST SUBMIT THE DETAIL VIA A FILE IN OUR LAYOUT.

IF YOU ARE REPORTING 50 OR MORE EMPLOYEES, PLEASE CONTACT OUR OFFICE.		
NAME	SOCIAL SECURITY NUMBER	AMOUNT OF TAX REMITTED
Business Owner		
Business Owner		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

ONCE COMPLETED, PLEASE MAIL THIS FORM AND PAYMENT, **MADE PAYABLE TO BERKS EIT BUREAU TAX ADMIN/COLL**, TO:

BERKS EIT BUREAU TAX ADMINISTRATOR/COLLECTOR
 1125 BERKSHIRE BLVD SUITE 115
 WYOMISSING PA 19610

I DECLARE UNDER PENALTY OF LAW THAT THIS INFORMATION IS CORRECT.

 AUTHORIZED SIGNATURE

 DATE