

**LOCAL SERVICES TAX**

TAX YEAR \_\_\_\_\_ QUARTER \_\_\_\_\_

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

1. PRO RATA TAX AMOUNT	1
2. APPLICABLE DISCOUNTS	2
3. PENALTY	3
4. INTEREST	4
5. TOTAL DUE	5

Municipality:  
School District:  
PSD:

Business Name: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_ LST Account Number (10 Character)

Taxpayer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Physical Business/Worksite Address

NAME	SOCIAL SECURITY NUMBER	AMOUNT OF TAX REMITTED

ONCE COMPLETED, PLEASE MAIL THIS FORM AND YOUR CHECK, **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