



LOCAL SERVICES TAX

TAXPAYER COPY

The Local Services Tax is a local tax due from all individuals who are employed within the taxing jurisdiction printed below. All Federal Employees and all Self-Reporting Individuals who perform services of any kind or engage in any occupation or professions within the stated Borough, Township, or School District are required to pay a Local Services Tax.

Please complete and return the LST-3 form below with your payment due. If for some reason you already paid the tax in another political subdivision, or at another place of employment, provide this office with proof of payment and we will adjust our records accordingly. If your primary employment jurisdiction has the Local Services Tax, the tax is not to be deducted from the secondary place of employment.

If your expected annual earnings are less than the exemption amount within the taxing jurisdiction, an exemption certificate may be completed. Return the forms below stating such, along with a completed exemption certificate and a copy of your prior year tax return to our office.

Please be advised that the school district portion may not have an earnings exemption, or may be less than the municipal exemption in which this portion of the tax may still be due.

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3142 during the hours of 9:00 AM - 4:30 PM, Monday through Friday. Or, you can visit our website at www.hab-inc.com or contact us by e-mail at csberk@hab-inc.com. If Berkheimer is not the appointed tax hearing officer for your taxing district, you must contact your taxing district about the proper procedures and forms necessary to file an appeal.

TAXING JURISDICTION:

- Your cancelled check is sufficient proof of payment.
Make any corrections to Name, Address, Taxing Jurisdiction and enter your Social Security # in boxes provided.
There will be a \$20.00 fee for returned checks.
Make Checks payable to: HAB-LST.
There may be a \$12.50 fee if no check is enclosed for tax due at time of filing.

Remit to:

BERKHEIMER
P. O. BOX 906
BANGOR, PA 18013-0906

Amount paid each quarter:

Table with 2 columns: Quarter (1-4) and Amount (\$). Includes a row for TOTAL PAYMENTS.

Keep top portion for your records
Detach and return bottom portion with your payment

LST-3 TAX OFFICE COPY

LOCAL SERVICES TAX RETURN

ENTER YOUR SOCIAL SECURITY NO.

Grid for entering Social Security Number

Payable to: HAB-LST

BERKHEIMER
PO BOX 906, BANGOR PA 18013-0906

DUE DATE:

Table for calculating tax due with 5 rows (Local Services Tax, PENALTY, INTEREST, Total PENALTY & INTEREST, TOTAL DUE) and a grid for the amount.

DO NOT WRITE BELOW THIS LINE

THIS FORM MUST BE FILED EACH QUARTER

LST-3

LOCAL SERVICES TAX RETURN

ENTER YOUR SOCIAL SECURITY NO.

--	--	--	--	--	--	--	--	--	--

Payable to: HAB-LST
BERKHEIMER
PO BOX 906, BANGOR PA 18013-0906

DUE DATE:

1. Local Services Tax Annual Rate	÷ 4	.....	\$			
2. PENALTY after Due Date	X Line 1	.....	\$			
3. INTEREST per month after Due Date	X Line 1	.....	\$			
4. Total PENALTY & INTEREST	(add lines 2 and 3)	.....	\$			
5. TOTAL DUE	.....		\$			

DO NOT WRITE BELOW THIS LINE

THIS FORM MUST BE FILED EACH QUARTER

LST-3

LOCAL SERVICES TAX RETURN

ENTER YOUR SOCIAL SECURITY NO.

--	--	--	--	--	--	--	--	--	--

Payable to: HAB-LST
BERKHEIMER
PO BOX 906, BANGOR PA 18013-0906

DUE DATE:

1. Local Services Tax Annual Rate	÷ 4	.....	\$			
2. PENALTY after Due Date	X Line 1	.....	\$			
3. INTEREST per month after Due Date	X Line 1	.....	\$			
4. Total PENALTY & INTEREST	(add lines 2 and 3)	.....	\$			
5. TOTAL DUE	.....		\$			

DO NOT WRITE BELOW THIS LINE

THIS FORM MUST BE FILED EACH QUARTER

LST-3

LOCAL SERVICES TAX RETURN

ENTER YOUR SOCIAL SECURITY NO.

--	--	--	--	--	--	--	--	--	--

Payable to: HAB-LST
BERKHEIMER
PO BOX 906, BANGOR PA 18013-0906

DUE DATE:

1. Local Services Tax Annual Rate	÷ 4	.....	\$			
2. PENALTY after Due Date	X Line 1	.....	\$			
3. INTEREST per month after Due Date	X Line 1	.....	\$			
4. Total PENALTY & INTEREST	(add lines 2 and 3)	.....	\$			
5. TOTAL DUE	.....		\$			

DO NOT WRITE BELOW THIS LINE

THIS FORM MUST BE FILED EACH QUARTER