LST-1



FEDERAL EIN:





LEHIGH VALLEY, PA 18002-5156

Name Address City State ZIP

Scan this code to file online:

Quarter _____ Year ____

BUSINESS LOCATION:

ACCOUNT NO.

JURISDICTION:

PSD:



LST

Remit this completed form by mail to: HAB-LST PO BOX 25156 LEHIGH VALLEY, PA 18002-5156

For more options, visit: www.berk-e.com For assistance, contact:wecare@palocaltax.com

	 Your cancelled check is sufficient proof of payment. Make any corrections on this form to Name, Address, and Business Location There will be an additional fee assessed for returned payments or if no payment is enclosed for tax due at the time of filing
	Daytime/Mobile Phone Number*
EMAIL:	
For 1b through 1e, enter the number of employees for each 1. # Employees 2. Tax Withheld exemption category.	3. Payment Information
a. Total number of employees intentionally blank	a. Amount Withheld (same as 2f)
b. Employees with NO exemption c. Exempt from only municipal portion of tax	b. Discount (line 3a x)
d. Exempt from only school portion of tax	c. Net Amount Due (3a-3b) d. Penalty (line 3c x) after due date
e. Exempt from both municipal & school portion of tax	e. Interest (line 3c x) per month after due date
Note: 1b+1c+1d+1e should total 1a 2f. Total Withheld	f. Total Penalty & Interest (line 3d + line 3e)
WFB	g. Late Filing Fee()
	Check this box if you will have no employees next year: