berkheimer

PO BOX 25156
LEHIGH VALLEY, PA 18002-5156

LST-1

LST

Scan this code to file online:

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

Name
Address
City
State
ZIP

ACCOUNT NO. FEDERAL EIN:

Quarter _____ Year _____

JURISDICTION:

PSD:

BUSINESS LOCATION:

1

- 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

EMAIL:

Daytime/Mobile Phone Number*

For 1b through 1e, enter the number of employees for each exemption category.

	1. # Employees	2. Tax Withheld
a. Total number of employees		intentionally blank
b. Employees with **NO** exemption		
c. Exempt from **only** municipal portion of tax		
d. Exempt from **only** school portion of tax		
e. Exempt from **both** municipal & school portion of tax		intentionally blank
2f. Total Withheld.....		

Note: 1b+1c+1d+1e should total 1a

3. Payment Information

a. Amount Withheld (same as **2f**).....	
b. Discount (line 3a x)	
c. Net Amount Due (3a-3b)	
d. Penalty (line 3c x) after due date	
e. Interest (line 3c x) per month after due date...	
f. Total Penalty & Interest (line 3d + line 3e)	intentionally blank
g. Late Filing Fee ( )	
h. Total of Check Enclosed (line 3c+line 3f).....	

WEB

Check this box if you will have no employees next year: