Detail Report of Employees Subject to the LST

Instructions for this form are enclosed and are also available at www.captax.com

(2) EIN / Account No.	(3) Quarter and Year	(4) LST Tax Amount
(5) Location of Business (if different than mailing address)		
(6) LST Taxing Jurisdiction		
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		(5) Location of Business (if different than mailin (6) LST Taxing Jurisdiction

		T	T
(A)	(B)	(C)	(D)
			School LST only
			withheld (only applies
		Total LST withheld for	withheld (only applies to certain
		this employee during	municipalities, see
Employee SSN	Employee Name and Address	this quarter	instructions for list)
		1	,

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(A)	(B)	(C)	(D)
Employee SSN	Employee Name and Address	Total LST withheld for this employee during this quarter	School LST only withheld (only applies to certain municipalities, see instructions for list)