

DUE BY:
1ST QTR - APRIL 30 2017
2ND QTR - JULY 31 2017
3RD QTR - OCT 31 2017
4TH QTR - JAN 31 2018

2017 EMPLOYER QUARTERLY LOCAL SERVICE TAX (LST) WITHHOLDING RETURN
CAPITAL TAX COLLECTION BUREAU
Combined FORM LST-2 and LST-4

**Before filling this form out make additional copies of this form for later submissions for*
 *the 2017 tax year or go to WWW.CAPTAX.COM to print a blank copy**

You are entitled to receive a written explanation of your rights with regards to the audit, appeal, enforcement, refund and collection of local taxes withheld by contacting Capital Tax Collection Bureau.

Remit Form(s) and Payment to: Capital Tax Collection Bureau, 506 South State Rd., Marysville, PA 17053 Phone Number: 717-957-7281

FEDERAL EIN	Account Number	WORKSITE PSD CODE	YEAR	QUARTER
EMPLOYER BUSINESS NAME (Use Federal ID Name)				
EMPLOYER MAIN BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD, or RR)				
SECOND LINE OF ADDRESS				
CITY		STATE	ZIP	
BUSINESS PHONE NUMBER		BUSINESS FAX NUMBER		

WORKSITE ADDRESS IF DIFFERENT THAN ABOVE				
SECOND LINE OF ADDRESS				
CITY		STATE	ZIP	

MUNICIPAL TAXING AUTHORITY IN WHICH WORKSITE IS LOCATED	COUNTY
SCHOOL DISTRICT	

1. Total number of employees reported here in			
2. Total LST Tax Withheld			
3. Discount (refer to the rate table for the discount rate of the PSD you're for reporting.)	RATE:		
4. Net amount due – Enclosed (Line 2 minus Line 3)			
5. Penalty (0.05% flat rate) (Multiply Line 4 by penalty rate when applicable)			
6. Interest (0.005% per month) (Multiply Interest rate by Line 4 then by number of months return is late)			
7. Processing Fees			
8. Total (Add Line 4, Line 5, Line 6 & Line 7)			

I (WE) DECLARE, UNDER PENALTY OF LAW, THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)	TITLE
PRIMARY CONTACT PHONE NUMBER	PRIMARY CONTACT EMAIL ADDRESS
SIGNATURE OF PRIMARY CONTACT INDIVIDUAL	DATE (MM/DD/YYYY)

EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME & ADDRESS	EXEMPT (EXEMPTION FORM MUST BE ATTACHED)	COMPLETE LST (MUNICIPALITY AND SCHOOL) AMOUNT WITHHELD THIS QUARTER	SCHOOL LST (ONLY SCHOOL PORTION) AMOUNT WITHHELD THIS QUARTER (SEE INSTRUCTIONS)
		<input type="checkbox"/>	\$	\$
		<input type="checkbox"/>	\$	\$
		<input type="checkbox"/>	\$	\$

FIRST PAGE TOTALS			
FIRST PAGE TOTAL LST WITHHELD THIS QUARTER.....			

Make checks payable to: **CTCB** TOTAL AMOUNT LST ENCLOSED

There will be a \$35.00 fee for returned payments and checks.

TOTAL AMOUNT ENCLOSED

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