

**DUE BY:**  
**1ST QTR - APRIL 30 2018**  
**2ND QTR - JULY 31 2018**  
**3RD QTR - OCT 31 2018**  
**4TH QTR - JAN 31 2019**

**2018 EMPLOYER QUARTERLY LOCAL SERVICE TAX (LST) WITHHOLDING RETURN  
 CAPITAL TAX COLLECTION BUREAU**

**Combined FORM LST-2 and LST-4**

*Make additional copies of this blank form or visit our website at*

**www.captax.com** for a blank form for additional submissions

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<br>(EXEMPTION FORM MUST BE ATTACHED) | COMPLETE LST<br>(MUNICIPALITY AND SCHOOL)<br>AMOUNT WITHHELD THIS QUARTER | SCHOOL LST<br>(ONLY SCHOOL PORTION)<br>AMOUNT WITHHELD THIS QUARTER<br>(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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|--|