

DUE BY:

1ST QTR - APRIL 30, 2015

2ND QTR - JULY 30, 2015

3RD QTR - OCT 31, 2015

4TH QTR - JAN 31, 2016

**2015 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 2015 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, 2301 N 3rd St., Harrisburg, PA 17110

FEDERAL EIN	EMPLOYER PSD CODE	YEAR	QUARTER
EMPLOYER BUSINESS NAME (Use Federal ID Name)			
EMPLOYER 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		WORKSITE PSD	
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP	
MUNICIPAL TAXING AUTHORITY IN WHICH BUSINESS OR WORKSITE IS LOCATED		COUNTY	
SCHOOL DISTRICT			

1. Total number of employees reported here in	
2. Total LST Tax Withheld	
3. Discount (only if rate is pre-printed on form)	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. Total (Add Line 4, Line 5, & Line 6)	

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

TOTAL AMOUNT LST ENCLOSED

\$