

LOCAL SERVICES TAX EMPLOYER RETURN – FORM LST- 4

Employer Name and Address:	CTCB Account No.	Year	Quarter
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1. Total number of employees reported (enter "0" if none) _____
2. Total amount of tax withheld this quarter \$ _____
3. Employer discount (if applicable)..... \$ _____
4. Net amount due – Enclosed (Line 2 minus Line 3) \$ _____
5. Interest (1/2 % per month) \$ _____
6. Penalty (See Instructions for each jurisdiction's penalty) \$ _____
7. Costs of collection \$ _____
8. Total Remittance Enclosed \$ _____



These funds will be transmitted via ACH on _____ (date) Municipality of Employer: _____

FORM LST - 4 INSTRUCTIONS

This form is due 30 days from the end of each quarter.
 You may be subject to additional costs of collection if the filing is incomplete or late.
 To remit your LST withholdings online, go to www.captax.com

1. Who must file? Businesses with one or more employees within the taxing district must return a complete LST – 4 Form on or before the quarterly due date.
2. What information do I include? Along with the completed LST – 4 form, you are required to include a listing of all employees on Form LST – 2.
3. Include full employer name and address.
4. List CTCB Account No. and corresponding tax year, quarter and due date.
5. Line 1: Enter total number of employees. If no employees, enter "0" on line 1.
6. Line 2: Enter total local service tax withheld this quarter.
7. Line 3: Enter the employer discount (if applicable). To see if your municipality has an employer discount, see the Employer Reference Sheet contained in the LST instructions.
8. Line 4: Net amount due. Enclose this payment amount when filing this form.
9. Line 5: Enter any interest due. Interest accrues at the rate of ½ % per month.
10. Line 6: Enter any penalty due. To see if the penalty rate for your particular municipality, see the Employer Reference Sheet contained in the LST instructions.
11. Line 7: You may be subject to additional costs of collection if the filing is incomplete or late.
12. Line 8: Enter total remittance enclosed.
13. Return one copy with W-2s to the address listed below. Retain a copy for your records.

Remit filing to:

Capital Tax Collection Bureau
 Department LST 4
 PO Box 60547
 Harrisburg, PA 17110-0547
 (717) 234-3217

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Capital Tax Collection Bureau's Harrisburg Division at (717) 234-3217 during the hours of 8 a.m. – 4p.m. Monday through Thursday and 8:30 a.m. – 4 p.m. Friday.