

Local Services Tax

2012 LST-5

Employer Year End Reconciliation Form
For the taxing Jurisdiction(s) of:

Tax Amount \$

Complete & Return by April 30, 2011 to:
CAPITAL TAX COLLECTION BUREAU

MUNICIPALITY _____

SCHOOL DISTRICT _____

LST Employer No. _____

Employer Name & Address:

		Column A Total LST Deductions	Column B Low Income Exemptions only
1.	Employer No. under which this employer files <u>Earned Income Tax (EIT)</u> withholding for <u>at least</u> the employees included in this LST report (may be same or different Employer No.).	1.	
2.	Number of employees subject to this LST for municipality listed above (including low income exemptions)	2.	
3.	Number of employees exempt from this LST (See Section 4; Sub-section B of instructions)	3.	
4.	Number of exempt employees subject to the \$5.00 LST Low Income Exemption amount only (where applicable - see Exemption Form for municipalities with Low Income Exemption amount)	4.	
5.	Multiply the number in Line 4 by the \$5.00 LST Low Income Exemption amount	5.	
6.	Quarter 1 payments - ending March 31 (Column A list total LST payments due to CTCB. Column B list amount of LST for Low Income Exemptions included in Column A)	6.	
7.	Quarter 2 payments - ending June 30 (Column A list total LST payments due to CTCB. Column B list amount of LST for Low Income Exemptions included in Column A)	7.	
8.	Quarter 3 payments - ending September 30 (Column A list total LST payments due to CTCB. Column B list amount of LST for Low Income Exemptions included in Column A)	8.	
9.	Quarter 4 payments - ending December 31 (Column A list total LST payments due to CTCB. Column B list amount of LST for Low Income Exemptions included in Column A)	9.	
10.	Total quarterly payments (Add Column A Lines 6, 7, 8 and 9)	10.	
11.	Total quarterly payments remitted (Column A list total LST payments made to CTCB.)	11.	
12.	If Line 11 is less than Line 10 remit payment with Form LST-5	12.	

Under penalties of perjury I declare that I have examined this return and accompanying forms and, to the best of my knowledge and belief, they are true, correct and complete.

Signature X	Date	Telephone Number
Print Name	Title	