

TAX YEAR: _____
DUE ON OR BEFORE APRIL 30, _____
PERSONAL LOCAL SERVICES TAX BILL
(Form LST-3)

RETURN YOUR PAYMENT AND THIS STUB TO:
Capital Tax Collection Bureau
8391 Spring Rd Ste #3 New Bloomfield PA 17068

SSN:

Name & Address:

Account Number:

| | |
|--|--|
| 1. Local Services Tax | |
| 2. Interest - 6% Annum (If not paid by due date.) | |
| 3. Penalty - (If not paid by due date.) | |
| 4. TOTAL DUE | |

Taxing Jurisdiction PSD Code:

Municipality:

School District:

Please verify that your information is correct. Note corrections on the back.

Check here if you have moved. *Provide your new address on back.*

Check here if you are paying by Credit Card. *Fill out credit card information on back of this form.*

Amount of Payment:

\$

BUREAU COPY

TAX YEAR: _____
DUE ON OR BEFORE APRIL 30, _____
PERSONAL LOCAL SERVICES TAX BILL
(Form LST-3)

RETAIN THIS COPY FOR YOUR RECORDS
Capital Tax Collection Bureau

SSN:

Name & Address:

Account Number:

| | |
|--|--|
| 1. Local Services Tax | |
| 2. Interest - 6% Annum (If not paid by due date.) | |
| 3. Penalty - (If not paid by due date.) | |
| 4. TOTAL DUE | |

Taxing Jurisdiction PSD Code:

Municipality:

School District:

Please verify that your information is correct. Note corrections on the back.

Check here if you have moved. *Provide your new address on back.*

Check here if you are paying by Credit Card. *Fill out credit card information on back of this form.*

Amount of Payment:

\$

TAXPAYER COPY

Correction to be made to Name, Address, Municipality, and/or School District

| | | |
|-----------------|------------------|---------------|
| Name: | | |
| Address Line 1: | | Date of Move: |
| Address Line 2: | | |
| City: | State: | Zip Code: |
| Municipality: | School District: | |

Check box for type of Credit Card

American Express 
 Discover 
 MasterCard 
 Visa 

| |
|-----------------------|
| Account No.: |
| Card Expiration Date: |
| Signature: |

| | |
|---|--------------------|
| Official Payments will add a 3% Service Fee to your credit card payment | Amount Being Paid: |
|---|--------------------|

Correction to be made to Name, Address, Municipality, and/or School District

| | | |
|-----------------|------------------|---------------|
| Name: | | |
| Address Line 1: | | Date of Move: |
| Address Line 2: | | |
| City: | State: | Zip Code: |
| Municipality: | School District: | |

Check Box for type of Credit Card

American Express 
 Discover 
 MasterCard 
 Visa 

| |
|-----------------------|
| Account No.: |
| Card Expiration Date: |
| Signature: |

| | |
|---|--------------------|
| Official Payments will add a 3% Service Fee to your credit card payment | Amount Being Paid: |
|---|--------------------|

Capital Tax Collection Bureau

WWW.CAPTAX.COM

8391 Spring Rd Ste #3
New Bloomfield PA 17068

The tax bill enclosed with this form packet is for the Local Services Tax (LST). This tax is levied by the municipality and/or school district where you are employed. It is a tax levied and assessed upon the privilege of engaging in an occupation within the taxing jurisdiction whether employed by an employer or self-employed. This particular bill is for self-employed individuals and individuals that work for employers that are not required to withhold this tax.

To be liable for this tax you must have been employed, or performed work, within the taxing jurisdiction some part of the tax year. Refer to the **Rate Table** to determine the amount of LST owed based on your work location and place in box 1 on the LST-3 coupon. Starting in 2008, and only for combined tax amounts exceeding \$10.00, this tax is assessed quarterly. That means you owe $\frac{1}{4}$ of the tax for each calendar quarter that it applies. If this pertains to you, and you'd like to pay quarterly, make 3 additional copies of your "Tax Collector's Copy" of the bill and write $\frac{1}{4}$ of the amount due on the bill instead of the full amount and submit 1 of these copies or the original with each quarterly payment. Quarterly due dates are as follows.

DUE ON OR BEFORE

1st quarter: January, February, MarchApril 30
2nd quarter: April, May, JuneJuly 31
3rd quarter: July, August, September October 31
4th quarter: October, November, December January 31

Late Fees will be applied on any payments received late.

Exemptions from this tax:

A taxpayer must never pay more than \$52 in LST per year. Additionally, a taxpayer should not be paying more than one LST in the case of concurrent occupations. In this case the LST should only be paid for the principal occupation. You may also be exempt from this tax if; 1) you are a reservist and you are called to active duty during the tax year, 2) your occupation relative to this tax bill is for that of clergy, 3) you have a 100% disability due to military service, 4) for tax bills exceeding \$10, your total earned income and/or net profits for the tax year, earned in the taxing jurisdiction will be less than \$12,000. If any of these exemptions apply to your situation, please obtain a LST-Exempt Form from our website at WWW.CAPTAX.COM.

Credits Against this tax to reduce or eliminate this tax:

Where a taxpayer has multiple consecutive occupations, they would be liable for each up to a maximum of \$52 per year. If this applies to you, and paying the full amount of this tax bill would make your total LST paid for this year to exceed \$52, please visit our website at WWW.CAPTAX.COM for a LST-Refund Form that will enable you to determine whether your tax from this billing may be reduced or possibly eliminated.

If you are employed through an employer you may want to check if they withheld LST for this tax year. Likewise, if you pay this tax bill and you subsequently become employed through an employer you will want to furnish them with proof of payment and complete the necessary forms so they do not withhold the LST in an amount that may exceed the tax you owe.

| | | |
|---|--|--|
| HUNTINGDON COUNTY OFFICE Phone: 814-447-3111 Fax: 814-447-3113 | PERRY COUNTY OFFICE Phone: 717-957-7281 Fax: 717-957-7295 | |
|---|--|--|

LST TAX RATE TABLE

HOW TO USE: Look for the municipality in which your occupation is located.
Follow that municipality across to determine what portion of LST is to be withheld.

| DCED PSD | Taxing Jurisdiction School District/Municipality | Municipality LST Portion | School District LST Portion | Total LST | Employer Withholding Discount | Low Income Exemption Limit | Delinquent Interest | Delinquent Penalty |
|--------------------------|---|-----------------------------|-----------------------------------|----------------|-------------------------------------|----------------------------------|------------------------|-----------------------|
| DAUPHIN COUNTY | | | | | | | | |
| 220802 | Steeltown Borough | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 5% |
| HUNTINGDON COUNTY | | | | | | | | |
| 310103 | Huntingdon Borough | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 5% |
| 310113 | Walker Township | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 5% |
| PERRY COUNTY | | | | | | | | |
| 500202 | Howe Township | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | .005/Month |
| 500205 | Newport Borough | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 6% |
| 500303 | Marysville Borough | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 5% |
| 500305 | Penn Township | \$52.00 | N/A | \$52.00 | 2.0% (.02) | < \$12,000 | 6%/Annum | Flat 5% |
| 500307 | Watts Township | \$10.00 | N/A | \$10.00 | N/A | N/A | 6%/Annum | .005/Month |
| 500402 | (New) Bloomfield Borough | \$52.00 | N/A | \$52.00 | 2.0% (.02) | < \$12,000 | 6%/Annum | Flat 5% |
| 500412 | Tyrone Township | \$52.00 | N/A | \$52.00 | 2.0% (.02) | < \$12,000 | 6%/Annum | Flat 5% |
| JUNIATA COUNTY | | | | | | | | |
| 340102 | <i>Delaware Township</i> | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 5% |
| 340104 | Fermanagh Township | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 5% |
| 340112 | Susquehanna Township | \$52.00 | N/A | \$52.00 | N/A | < \$12,000 | 6%/Annum | Flat 5% |
| FULTON COUNTY | | | | | | | | |
| 2901 | Central Fulton School District | | | | | | | |
| 290104 | Todd Township | \$47.00 | \$5.00 | \$52.00 | N/A | < \$12,000* | 6%/Annum | Flat 5% |

Please note: Those municipalities that have been bolded and italicized have changed rates or have been added as a new LST location.

Note: Those Municipalities listed with an asterisk (*) by their low income exemption limit are still required to pay the school district LST portion even if found exempt from paying the municipality LST portion.

CAPITAL TAX COLLECTION BUREAU OFFICES

| |
|--|
| HUNTINGDON COUNTY OFFICE Phone: 814-447-3111 |
|--|

| |
|---|
| PERRY COUNTY OFFICE Phone: 717-957-7281 |
|---|