

PARKLAND SCHOOL DISTRICT

**LOCAL SERVICE TAX
EMPLOYER RETURN**

**1ST QUARTER 2019
DUE APRIL 30, 2019**

PAYABLE TO: PARKLAND SCHOOL DISTRICT
TAX OFFICE, P.O. BOX 200
OREFIELD, PA 18069-0200
610-351-5577

EMPLOYER NAME & ADDRESS

ACCT#

- 1. Total number of employees reported herein _____
- 2. Gross amount of tax _____
- 3. Penalty (10%) _____
- 4. Interest (1/2% per month) _____
- 5. Total (Including Penalty and Interest) _____

FORM LST-EMPLOYER

ORIGINAL

INSTRUCTIONS TO EMPLOYER

1. Due dates: April 30, July 31, October 31, and January 31.
2. A list of employees who are being reported must be submitted with the LST-EMPLOYER Form. **This list must include the employees name, Social Security Number and amount withheld.**
3. A LST-EMPLOYER form must be submitted each quarter. In the event that you no longer have any employees subject to the tax, we must receive written communication to inactivate the account.
4. Unless you have an exemption form on file for an employee, you are required by law to withhold Local Service Tax. Exemption forms may be found on our website: <http://www.parklandsd.org/community/tax-office/local-services-tax-employer>

PARKLAND SCHOOL DISTRICT

**LOCAL SERVICE TAX
EMPLOYER RETURN**

**2nd QUARTER 2019
DUE JULY 31, 2019**

PAYABLE TO: PARKLAND SCHOOL DISTRICT
TAX OFFICE, P.O. BOX 200
OREFIELD, PA 18069-0200
610-351-5577

EMPLOYER NAME & ADDRESS

ACCT#

- 1. Total number of employees reported herein _____
- 2. Gross amount of tax _____
- 3. Penalty (10%) _____
- 4. Interest (1/2% per month) _____
- 5. Total (Including Penalty and Interest) _____

FORM LST-EMPLOYER

ORIGINAL

INSTRUCTIONS TO EMPLOYER

1. Due dates: April 30, July 31, October 31, and January 31.
2. A list of employees who are being reported must be submitted with the LST-EMPLOYER Form. **This list must include the employees name, Social Security Number and amount withheld.**
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PARKLAND SCHOOL DISTRICT

**LOCAL SERVICE TAX
EMPLOYER RETURN**

**3rd QUARTER 2019
DUE OCTOBER 31, 2019**

PAYABLE TO: PARKLAND SCHOOL DISTRICT
TAX OFFICE, P.O. BOX 200
OREFIELD, PA 18069-0200
610-351-5577

EMPLOYER NAME & ADDRESS **ACCT#**

- 1. Total number of employees reported herein _____
- 2. Gross amount of tax _____
- 3. Penalty (10%) _____
- 4. Interest (1/2% per month) _____
- 5. Total (Including Penalty and Interest) _____

FORM LST-EMPLOYER

ORIGINAL

INSTRUCTIONS TO EMPLOYER

1. Due dates: April 30, July 31, October 31, and January 31.
2. A list of employees who are being reported must be submitted with the LST-EMPLOYER Form. **This list must include the employees name, Social Security Number and amount withheld.**
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PARKLAND SCHOOL DISTRICT

**LOCAL SERVICE TAX
EMPLOYER RETURN**

**4th QUARTER 2019
DUE JANUARY 31, 2020**

PAYABLE TO: PARKLAND SCHOOL DISTRICT
TAX OFFICE, P.O. BOX 200
OREFIELD, PA 18069-0200
610-351-5577

EMPLOYER NAME & ADDRESS **ACCT#**

- 1. Total number of employees reported herein _____
- 2. Gross amount of tax _____
- 3. Penalty (10%) _____
- 4. Interest (1/2% per month) _____
- 5. Total (Including Penalty and Interest) _____

FORM LST-EMPLOYER

ORIGINAL

INSTRUCTIONS TO EMPLOYER

1. Due dates: April 30, July 31, October 31, and January 31.
2. A list of employees who are being reported must be submitted with the LST-EMPLOYER Form. **This list must include the employees name, Social Security Number and amount withheld.**
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