

**COPY A: TO COLLECTOR - INSTRUCTIONS REVERSE SIDE
NORTH FAYETTE TOWNSHIP/WEST ALLEGHENY**

EMERGENCY & MUNICIPAL SERVICES TAX -- EMPLOYER'S RETURN

COMPUTE TAX HERE		PERIOD WITHHELD	YEAR
1. NUMBER OF EMPLOYEES REPORTED HEREWITH			
2. GROSS AMOUNT OF TAX (LINE 1 X \$52.00)			
3. NET AMOUNT DUE - ENCLOSED			
4. PENALTY AND INTEREST - 1/2% (.05) per month per employee		DUE ON OR BEFORE	
5. TOTAL PAYMENT			

I hereby certify that this return has been examined by me and the information herein is true, correct and complete.

SIGNATURE _____ OFFICIAL TITLE _____

RESIDENCE ADDRESS _____ DATE _____

**Make Checks payable to:
North Fayette Twp. - Emergency & Municipal Services Tax Collector
400 North Branch Rd., Oakdale, PA 15071**

EMPLOYER NAME, ADDRESS AND ACCT. NO.

EMST-1 INSTRUCTIONS TO EMPLOYER

1. The total number of employees reported herewith must agree with the total number of PT-2 (Employee Deduction Certificate) Copy A returned to EMST Collector.
2. Forms must be filed on or before due date as shown on the face of the form.
3. In the event that you have no employees from whom you are required to deduct the tax engaged in occupations within North Fayette Township for the period shown, write the word NONE on line #1 of Form EMST-1 Employer's Return, sign the form and return to NORTH FAYETTE EMST COLLECTOR, 400 NORTH BRANCH ROAD, OAKDALE, PA 15071
4. Retain all extra copies of Form PT-2 (Evidence of Deduction Certificate) for your use when hiring new employees who do not have a receipt or a "Certificate" from a former employer. Additional forms will be sent upon request.