

**LOCAL SERVICES TAX**

**NORTH FAYETTE TOWNSHIP / WEST ALLEGHENY SCHOOL DISTRICT**

**MAKE CHECK PAYABLE  
and RETURN TO**

North Fayette Township LST  
400 North Branch Road  
Oakdale, PA 15071

Monday - Thursday 9:00 to 4:00

Phone: 724.693.9190

LOCAL BUSINESS ADDRESS

FEDERAL I.D. NUMBER

FOR THE  
YEAR OF:

ACCOUNT  
NUMBER:

SIGNATURE/TITLE

DATE

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN IS, TO THE  
BEST OF MY KNOWLEDGE AND BELIEF, A TRUE, CORRECT, AND COMPLETE RETURN.  
NOTE: UNSIGNED RETURNS WILL NOT BE ACCEPTED.

**THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]**  
(\* NOTE: IF NO TAX WITHHELD THIS QUARTER, MARK "NONE" AND RETURN THIS FORM.)

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
Jan. 1 - Mar. 31 DUE APR. 30	Apr. 1 - Jun. 30 DUE JUL. 31	Jul. 1 - Sept. 30 DUE OCT. 31	Oct. 1 - Dec. 31 DUE JAN 31

EMPLOYER WITHHOLDING  
(QUARTERLY REPORTING)

SELF-EMPLOYED ONLY  
(ANNUAL RETURN)

1. TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_
2. TOTAL NUMBER OF EXEMPT EMPLOYEES \_\_\_\_\_
3. TOTAL NUMBER OF EMPLOYEES FOR WHICH  
LOCAL SERVICES TAX WITHHELD \_\_\_\_\_
4. NUMBER OF PAY PERIODS \_\_\_\_\_
5. TOTAL TAX WITHHELD \$ \_\_\_\_\_
6. PENALTY AND INTEREST  
(1% PER MONTH FROM DATE DUE) \$ \_\_\_\_\_
7. TOTAL REMITTED (Sum of Line 5 plus Line 6) \$ \_\_\_\_\_

LIST NAME, ADDRESS, SOCIAL SECURITY NO. AND NUMBER OF PAYROLL PERIODS AND  
THE AMOUNT OF LOCAL SERVICES TAX BEING REMITTED FOR EACH EMPLOYEE.

PROCESSED BY	DATE	CHECK OR M.O. NO.	CHECK	CASH	M.O.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>