

Form LST - 1 Employer's Return - Calendar Year 2018

Payable to:

Watsonstown Borough
318 Main Street
P.O. Box 273
Watsonstown, PA 17777
570-538-1000

I declare under penalty of law that the information herein
 contained is true and correct

Authorized

Signature:

Date filed:

Tax Levied by: Borough of Watsonstown		
Total number of employees reported herein (include owners and managers)		
Gross amount of tax-line 1 x \$	52.0	
Employer fee	2%	
Net Amount Due Line 2 minus 3		
Penalty	5%	
Interest	0.00% per month	
Total - including any penalty interest due		

Acct#:

For Quarter Ending:

Space below for
tax collector's use.

Name & Address:

Due on or before:

Form LST - 2 Employee's Evidence of Deduction Certificate

Collector: Watsonstown Borough 318 Main Street PO Box 273 Watsonstown, PA 17777	Tax Amount - \$52.00 Levied by: The Borough of Watsonstown
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Employer's Name & Address:

Year:
2018

Employee's Name & Address:

Form LST - 2 Employee's Evidence of Deduction Certificate

Collector: Watsonstown Borough 318 Main Street PO Box 273 Watsonstown, PA 17777	Tax Amount - \$52.00 Levied by: The Borough of Watsonstown
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Employer's Name & Address:

Year:
2018

Employee's Name & Address:

Form LST - 2 Employee's Evidence of Deduction Certificate

Collector: Watsonstown Borough 318 Main Street PO Box 273 Watsonstown, PA 17777	Tax Amount - \$52.00 Levied by: The Borough of Watsonstown
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Employer's Name & Address:

Year:
2018

Employee's Name & Address:

Form LST - 3 Personal Return (Self-Employed)

Payable to:

**Watsonstown Borough
PO Box 273
Watsonstown, PA 17777
570-538-1000**

I declare under penalty of law that the information herein contained is true and correct.

Authorized Signature: _____

Dated filed: _____

Name & Address:

Tax amount \$52.00
TAX LEVIED BY:

The Borough of Watsonstown

Acct. #:

For Quarter Ending:

Space below for Tax Collector's use:

**YEAR
2018**

Due on or before:

Instructions to Self Employed or Individuals whose employers are not required to withhold.

1. In the event that you only have one occupation, complete Section 1 or if your occupation situation is applicable to A, B or C, complete Section 2. If you receive more than one "Personal Return" remit your payment with the primary "Return". On all other returns, complete Section 2.
2. Sign and file this return with you payment by the date shown.

SECTION 1

1. Tax		\$52.00
2. Penalty (5%)	5.00%	
3. Interest (1/2% per month)	0.00%	
4. Total Due		

SECTION 2

A. My Employer withheld my

Employer's Name: _____

B. I paid my _____ and have in my possession a receipted personal return numbered

D# _____ Dated: _____

C. I certify that no portion of my business or occupation is carried on or performed within the limits of the taxing body shown.

Area of Business or Occupation: _____

I certify that the above checked box is a true and correct statement.

Signature: _____