Form LST - 1 Employer's Return - Calendar Year 2024

ble to:	
Watson	itown Borough
318 Ma	in Street
P.O. Bo	x 273
Watson	town, PA 17777
570-538	3-1000
	I declare under penalty of law that the information herein
	contained is true and correct
Authori	zed
Signatu	re:

Tax Levied by:		
Borough of Watsontown		
Total number of employees reporte (include owners and managers)		
Gross amount of tax-line 1 x \$	52.00	
Employer fee	2%	
Net Amount Dι Line 2 minus 3		
Penalty	5%	
Interest 0.009	% per month	
Total - including any penalty interes		

Acct#: For Quarter Ending: Space below for tax collector's us

Name & Address:

Due on or before: 12/31/2024