

**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** Due on or before:  
**2025**

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: \_\_\_\_\_