

Each employer and/or business owner working within the taxing district must pay the Local Services Tax (LST) file the required LST form (including detail) with the Williamsport City Treasurer's Office on a quarterly basis. Employers shall withhold a maximum of \$52.00 LST per employee per year, no more than \$1.00 per week.

Each quarterly LST filing must include:

- A completed LST form along with payment.
- A spreadsheet of employee detail listing each employee's name, address, SSN and the amount of tax remitted for each individual listed.
- A sample Excel spreadsheet is available at www.cityofwilliamsport.org/government/treasurer.

PLEASE NOTE:

Account Number

Federal EIN#

Name and Address of Business (change)

- 1. Low Income Exemption There is a mandatory low-income exemption for individuals earning less than \$12,000.00 per year. In order to receive the exemption, the individual must annually fill out the LST exemption form. Unless the employee supplies the employer with the completed exemption form, you are to proceed with the regular collections of the LST.
- 2. Employers are required by law to make the exemption form available to their employees. A copy of the form can be found at

www.cityofwilliamsport.org/govo 3. In the event you have no emplo		ting period, file "0" on line 1 of	of the LST form, sign and return it.	
PAYMENTS MUST	INCLUDE EMPLOY	EE BACKUP AND THE C	CORRECT PAYMENT COUPON	I.
CHANGE/CORRECTION Correct Account Information Account Number Federal EIN#		Payable to: City of Williamsport City Treasurer PO Box 1265	Number of employees or self-employed individuals Amount of LST for current quarter	\$ \$
Name and Address of Business (change)	Federal EIN#	Williamsport, PA 17703 Please make a copy for your records and return this coupon with payment. I declare under penalty of law that the information contained herein is true and correct.	 3. Penalty (6%) 4. Interest (½% per month) 6. Total tax, penalty, and interest paid this quarter 	\$
printed name	signature		phone	date
CHANGE/CORRECTION Correct Account Information Account Number Federal EIN# Name and Address of Business (change)		Payable to: Payable to: City of Williamsport City Treasurer PO Box 1265 Williamsport, PA 17703 Please make a copy for your records and return this coupon with payment. I declare under penalty of law that the information contained herein is true and correct.	1. Number of employees or self-employed individuals 2. Amount of LST for current quarter	\$
printed name	signature		phone	date
CHANGE/CORRECTION Correct Account Information Account Number Federal EIN# Name and Address of Business (change)	LOCAL SERV	Payable to: Payable to: City of Williamsport City Treasurer PO Box 1265 Williamsport, PA 17703 Please make a copy for your records and return this coupon with payment. I declare under penalty of law that the information contained herein is true and correct.	1. Number of employees or self-employed individuals 2. Amount of LST for current quarter 3. Penalty (6%) 4. Interest (½% per month) 6. Total tax, penalty, and interest paid this quarter	\$
printed name	signature		phone	date
CHANGE/CORRECTION Correct Account Information		ICES TAX RETURN Due: April 30 th Payable to:	Number of employees or self-employed individuals	\$
Account Number Federal FIN#	I ACCOUNT NUMBER	i ayabio to.	2 Amount of LST for current	7

printed name signature phone

City of Williamsport

City Treasurer PO Box 1265 Williamsport, PA 17703

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2. Amount of LST for current

quarter.....

3. Penalty (6%).....

4. Interest (½% per month)......

6. Total tax, penalty, and interest paid this quarter.....

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