

LST-3 Local Services Tax Individual Return



**berkheimer**  
*tax innovations*  
 PO BOX 25156  
 LEHIGH VALLEY, PA 18002-5156

Name  
 Address  
 City  
 State  
 ZIP

Enter Your Social Security Number:

*You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3142 during the hours of 8:00 AM - 4:00 PM, Monday through Friday. Or, you can visit our website at www.hab-inc.com. If Berkheimer is not the appointed tax hearing officer for your taxing district, you must contact your taxing district about the proper procedures and forms necessary to file an appeal.*

The Local Services Tax is a local tax due from all individuals who are employed within a jurisdiction in which the tax has been enacted. All Federal Employees and all Self-Reporting Individuals who perform services of any kind or engage in any occupation or professions within the stated Borough, Township, or School District are required to pay a Local Services Tax.

Please complete and return the LST-3 form below with your payment due. If for some reason you already paid the tax in another political subdivision, or at another place of employment, provide this office with proof of payment and we will adjust our records accordingly. If your primary employment jurisdiction has the Local Services Tax, the tax is not to be deducted from the secondary place of employment.

Payable to: HAB-LST  
 BERKHEIMER, PO BOX 25156, LEHIGH VALLEY, PA 18002-5156

JURIS NO.  
 QUARTER \_\_\_\_\_ YEAR \_\_\_\_\_

WORK LOCATION:

WEB

Exemption Enclosed-no tax due (check here)

1. Tax Due	+	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Penalty (line 1 x 0.5 )if paid after due date			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Interest (line 1 x 0.5 ) per month after due date			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Total Penalty & Interest (line 2 + line 3)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total of Check Enclosed (line 1 + line 4)									
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

. Your cancelled check is sufficient proof of payment.  
 . There will be a \$29.00 cost for insufficient funds and returned payments. . Make Checks payable to: HAB-LST

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