

BOROUGH OF SELINGROVE - LOCAL SERVICES TAX (LST)

Employer's Name _____

Report For The Calendar Quarter Ending _____ of Year _____

EMPLOYEE NAME (Last, First MI)	HOME ADDRESS	CITY, STATE ZIP	NUMBER OF PAYROLL PERIODS WORKED IN QUARTER	<u>COLUMN "A"</u> TAXES COLLECTED	COMMENTS
1. _____	_____	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	\$ _____	_____
4. _____	_____	_____	_____	\$ _____	_____
5. _____	_____	_____	_____	\$ _____	_____
6. _____	_____	_____	_____	\$ _____	_____
7. _____	_____	_____	_____	\$ _____	_____
8. _____	_____	_____	_____	\$ _____	_____
9. _____	_____	_____	_____	\$ _____	_____
10. _____	_____	_____	_____	\$ _____	_____
11. _____	_____	_____	_____	\$ _____	_____
12. _____	_____	_____	_____	\$ _____	_____
13. _____	_____	_____	_____	\$ _____	_____
14. _____	_____	_____	_____	\$ _____	_____
15. _____	_____	_____	_____	\$ _____	_____
16. _____	_____	_____	_____	\$ _____	_____
17. _____	_____	_____	_____	\$ _____	_____
18. _____	_____	_____	_____	\$ _____	_____
19. _____	_____	_____	_____	\$ _____	_____
20. _____	_____	_____	_____	\$ _____	_____

Total this page \$ _____