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| --- | --- |
| TAX YEAR | BUSINESS NAME (USE FEDERAL ID NAME) |
| BUSINESS MAILING ADDRESS |
| EMPLOYER PSD CODE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 | EMPLOYER ACCOUNT NUMBER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 | FEDERAL ID NUMBER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

 |
| MULTILOCATION  YES  NO |
| IF YES, LIST LOCATIONS AND PSD CODES  |
|  |
| 1. Total Local Service Tax withheld from all employees during the tax year. **(A)**
 | $ |
|  | **Local Service Tax** | **Tax Paid** |
| Quarter ended March 31 | $ |
| Quarter ended June 30 | $ |
| Quarter ended September 30 | $ |
| Quarter ended December 31 | $ |
| 1. Total Local Service Tax paid. Total Quarters **(B)**
 | $ |
|  **SUBTRACT LINE (A) FROM LINE (B) TOTAL** | $ |
| **PENALTY-**ADD 10% FOR EACH QUARTER TAX REMAINS UNPAID | $ |
| **INTEREST-**ADD 6% PER ANNUM FOR EACH DAY TAX REMAINS UNPAID (.00017 X # OF DAYS LATE) | $ |
| **TOTAL AMOUNT OF ENCLOSED CHECK** | $ |
| 1. Any difference between A and B must be explained in an attached statement. Where A and B do not agree, please remit balance due including penalty and interest or request refund.
 |
| 1. **Attach year end LST Report that includes Employee Name, SSN, Work Location/PSD and LST withheld.**
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|  |  |  |  |  |
| SIGNATURE OF PRIMARY CONTACT INDIVIDUAL | DATE(MM/DD/YYYY) |