



YORK ADAMS TAX BUREAU

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Ist



**EMPLOYER QUARTERLY RETURN
LOCAL SERVICES TAX WITHHOLDING**



EMPLOYER BUSINESS NAME (USE FEDERAL ID NAME)

[Redacted grid for Employer Business Name]

EMPLOYER BUSINESS LOCATION - STREET ADDRESS (INCLUDE PO BOX IF PRIMARY USE)

[Redacted grid for Employer Business Location]

CITY OR POST OFFICE

[Redacted grid for City or Post Office]

STATE

[Redacted grid for State]

ZIP CODE

[Redacted grid for Zip Code]

MUNICIPAL TAXING AUTHORITY (CITY, BOROUGH, TOWNSHIP) IN WHICH FACILITY OF BUSINESS IS LOCATED

[Redacted grid for Municipal Taxing Authority]

COUNTY

[Redacted grid for County]

BUSINESS PHONE NUMBER

[Redacted grid for Business Phone Number]

BUSINESS FAX NUMBER

[Redacted grid for Business Fax Number]

EMPLOYER PSD CODE

[Redacted grid for Employer PSD Code]

FEDERAL EIN

[Redacted grid for Federal EIN]

YATB EMPLOYER ACCOUNT NUMBER

[Redacted grid for YATB Employer Account Number]

ANNUAL TAX RATE

[Redacted grid for Annual Tax Rate]

TAX YEAR

[Redacted grid for Tax Year]

QUARTER

[Redacted grid for Quarter]

- 1. Number of Employees Subject to LST.....
- 2. Number of Pages Included with this Return.....
- 3. Total Local Services Tax Amount Withheld this Quarter.....
- 4. Penalty.....
- 5. Interest.....
- 6. Total Amount Paid this Return.....

[Redacted grid for list items 1-6]

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedule and statements and to the best of my (our) belief, they are true, accurate and complete.

PRIMARY CONTACT INDIVIDUAL FIRST NAME

[Redacted grid for Primary Contact First Name]

PRIMARY CONTACT INDIVIDUAL LAST NAME

[Redacted grid for Primary Contact Last Name]

TITLE

[Redacted grid for Title]

PRIMARY CONTACT PHONE NUMBER

[Redacted grid for Primary Contact Phone Number]

PRIMARY CONTACT EMAIL ADDRESS

[Redacted grid for Primary Contact Email Address]

SIGNATURE OF PRIMARY CONTACT INDIVIDUAL

[Redacted grid for Signature]

DATE (MM/DD/YYYY)

[Redacted grid for Date]

Employee's Social Security Number	Employee's Name/Address (No PO Boxes)	Amount of LST Withheld this Quarter
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

This Page Total.....

[Redacted grid for This Page Total]

Total Amount Enclosed.....

[Redacted grid for Total Amount Enclosed]

MAKE CHECKS PAYABLE TO: YATB
THERE WILL BE A \$25.00 FEE FOR RETURNED PAYMENTS AND CHECKS.

REMIT TO:
York Adams Tax Bureau
1405 North Duke Street, PO Box 15627 York, PA 17405



