

**LOCAL SERVICES TAX  
TOWNSHIP OF UPPER ST. CLAIR**

**MAKE CHECK PAYABLE  
and RETURN TO**



TOWNSHIP OF UPPER ST. CLAIR  
Tax Office  
1820 McLaughlin Run Road  
Upper St. Clair, PA 15241  
Telephone - (412) 831-9000

OFFICE HOURS: 8:00 A.M. TO 4:00 P.M.  
MONDAY THROUGH FRIDAY

LOCAL BUSINESS ADDRESS	FEDERAL I.D. NUMBER
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FOR THE YEAR OF:	ACCOUNT NUMBER:
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SIGNATURE/TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE, CORRECT, AND COMPLETE RETURN.  
**NOTE: UNSIGNED RETURNS WILL NOT BE ACCEPTED.**

THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]				
(*) NOTE: IF NO TAX WITHHELD THIS QUARTER, MARK "NONE" AND RETURN THIS FORM.				
1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	
Jan. 1 thru Mar. 31 <b>DUE APRIL 30</b>	Apr. 1 thru Jun. 30 <b>DUE JULY 31</b>	Jul. 1 thru Sept. 30 <b>DUE OCT. 31</b>	Oct. 1 thru Dec. 31 <b>DUE JAN. 31</b>	
<input type="checkbox"/> EMPLOYER WITHHOLDING (QUARTERLY REPORTING)		<input type="checkbox"/> SELF-EMPLOYED ONLY (ANNUAL RETURN)		
1. TOTAL NUMBER OF EMPLOYEES..... _____				
2. TOTAL NUMBER OF EXEMPT EMPLOYEES..... _____				
3. TOTAL NUMBER OF EMPLOYEES FOR WHICH LOCAL SERVICES TAX WITHHELD..... _____				
4. NUMBER OF PAY PERIODS..... _____				
5. TOTAL TAX WITHHELD..... \$ _____				
6. PENALTY AND INTEREST (1% PER MONTH FROM DATE DUE)..... \$ _____				
7. TOTAL REMITTED (Sum of Line 5 plus Line 6)..... \$ _____				
LIST NAME, ADDRESS, SOCIAL SECURITY NO. AND NUMBER OF PAYROLL PERIODS AND THE AMOUNT OF LOCAL SERVICES TAX BEING REMITTED FOR EACH EMPLOYEE.				
PROCESSED BY	DATE	CHECK OR M.O. NO.	CHECK	CASH
			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>