

**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
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.

DATE

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"/> Jan. 1 thru Mar. 31 DUE APRIL 30	2. <input type="checkbox"/> Apr. 1 thru Jun. 30 DUE JULY 31	3. <input type="checkbox"/> Jul. 1 thru Sept. 30 DUE OCT. 31	4. <input type="checkbox"/> Oct. 1 thru Dec. 31 DUE JAN. 31
<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.			
\$52.00 PER EMPLOYEE/ PER YEAR DEDUCTED EVENLY FROM PAYCHECKS THROUGHOUT YEAR			
PROCESSED BY	DATE	CHECK OR M.O. NO.	CHECK CASH M.O. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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SIGNATURE/TITLE
TAXPAYER'S COPY - RETAIN THIS PORTION FOR YOUR RECORDS

DATE

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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.			
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