

**LST-1**

**LOCAL SERVICES TAX EMPLOYER RETURN**

Tax Year \_\_\_\_\_

**ACCOUNT NO.**

Payable to: **MILLERSVILLE BOROUGH**

**100 MUNICIPAL DRIVE  
MILLERSVILLE, PA 17551-1424**

Number of Exemptions Enclosed

**Business Name  
Address  
Phone Number**

1. Number of Employees Reported (enter "0" if none)		
2. Total amount of tax withheld this quarter (see enclosed instructions) .....	\$	
3. Discount ( x line 2) .....		\$
4. Net amount due (line 2 minus line 3) .....		\$
5. Penalty (line 4 x of tax) after due date.....	\$	
6. Interest (line 4 x of tax per month) after due date	\$	
7. Total penalty & interest (line 5 + line 6) .....		\$
8. TOTAL AMOUNT DUE (line 4 + line 7) .....		\$

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