

City of Meadville Local Services Tax Quarterly LST Tax Withheld Report

Employer ID: _____

Employer Name: _____

Employer Address: _____

Tax Year: _____

(Please indicate below the quarter you are reporting)

1st Quarter - Due 04/30/_____

2nd Quarter - Due 07/31/_____

3rd Quarter - Due 10/31/_____

4th Quarter - Due 01/31/_____

Total LST Withheld for the Quarter \$ _____ Total # of Employees: _____

If no employee's to report for the quarter complete form with zeros and return to avoid failure to file notices.

SSN#	NAME (LAST, FIRST)	ADDRESS	CITY	STATE	ZIP	QUARTERLY LST WITHHELD
Total LST Withheld						

SEND FORMS AND PAYMENTS TO : RECEIVER OF TAXES, 894 DIAMOND PARK, MEADVILLE PA 16335

**** PLEASE MAKE COPIES OF THIS FORM TO FILE ALL (4) QUARTERS OF THE CURRENT LST TAX YEAR
ADDITIONAL BLANK FORMS CAN BE FOUND AT WWW.CITYOFMEADVILLE.ORG - RESIDENTS - TAXES & FEES - LOCAL SERVICES TAX**