

## EMPLOYERS QUARTERLY LOCAL SERVICE TAX REPORT

**SWRTB**

Southwest Regional Tax Bureau  
One Centennial Way  
Scottsdale, PA 15683-1792  
(724) 887-5320 [www.swrtb.org](http://www.swrtb.org)  
Office Hours: Monday Thru Friday 8 am to 4 pm

Account #:

Tax Year:

Employer:

Quarter:

Address:

LST Tax Rate: \$

PSDI:

School District:

Municipality:

<b>EMPLOYER INFORMATION</b>	
1. Total Number of Employees Reported	\$
2. Tax Amount Due (Total Of Detail)	\$
3. Penalty (1% per month from due date)	\$
4. Late Fee \$10.00	\$
5. Total Amount Remitted	\$
Under penalties of perjury I declare that I examined this return including accompanying schedules and statements, and to the best of my knowledge and belief are true and correct.	
Signature: _____	
Date: _____	Phone: _____
Federal ID Number: _____	

EMPLOYEE SSN	EMPLOYEE NAME	ADDRESS, CITY, STATE, ZIP	WAGES	TAX

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**THE U.S. POSTAL SERVICE POSTMARK DATE ON YOUR ENVELOPE IS PROOF OF YOUR TIMELY FILING.**

**RETURN THIS FORM WITH PAYMENTS. PLEASE INDICATE ANY NAME OR ADDRESS CHANGE.**

**IF PAYMENT IS NOT ENCLOSED FOR TAX DUE AT TIME OF FILING, THERE WILL BE A \$10.00 FEE.**

**PHOTO COPIES & COMPUTER LISTINGS ACCEPTED.**

<b>EMPLOYEE SSN</b>	<b>EMPLOYEE NAME</b>	<b>ADDRESS, CITY, STATE, ZIP</b>	<b>WAGES</b>	<b>TAX</b>
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