

**INDIVIDUAL ANNUAL
LOCAL SERVICE TAX REPORT**

FORM LST-8

MAKE CHECKS OR MONEY ORDER PAYABLE TO

SWRTB

Southwest Regional Tax Bureau
One Centennial Way
Scottsdale, PA 15683-1792

Name:	
Address:	
City:	
State:	Zip Code:
Tax Rate:	
Tax District:	
Tax Year:	Quarter: 5
Account Number:	

INFORMATION	
1. Tax Rate	\$
2. Penalty (1% per month from due date)	\$
3. Late Fee \$5.00	\$
4. Total Amount Remitted	\$

Under penalty 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:
--------------	---------------

LS TAX MUST BE FILED YEARLY AS:

School - \$5.00 on \$1,000 earned per indiv.
Municipality - \$47.00 on \$12,000 earned per indiv.

FOR TAX OFFICE USE ONLY				
Check		Cash		MO

Office Hours: Monday Thru Friday 8 am to 4 pm (724) 887-5320 visit us at www.swrtb.org

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