

LST-1



berkheimer
tax innovations

PO BOX 25156
LEHIGH VALLEY, PA 18002-5156

1

Name
Address
City
State
ZIP

ACCOUNT NO.

FEDERAL EIN:

Quarter _____ Year _____

JURISDICTION:

PSD:

BUSINESS LOCATION:

- Your cancelled check is sufficient proof of payment.
- Make any corrections on this form to Name, Address, and Business Location.
- There will be an additional fee assessed for returned payments.
- There will be an additional fee assessed if no payment is enclosed for tax due at time of filing.

Payable to: HAB-LST
BERKHEIMER, PO BOX 25156, LEHIGH VALLEY, PA 18002-5156

For 1b through 1e, enter the number of employees for each exemption category.

- a. Total number of employees
- b. Employees with **NO** exemption
- c. Exempt from **only** municipal portion of tax
- d. Exempt from **only** school portion of tax
- e. Exempt from **both** municipal & school portion of tax

Note: 1b+1c+1d+1e should total 1a

1. # Employees

2. Tax Withheld

intentionally blank						
intentionally blank						

2f. Total Withheld.....

3. Payment Information

a. Amount Withheld (same as 2f).....									
b. Discount (line 3a x)									
c. Net Amount Due (3a-3b)									
d. Penalty (line 3c x) after due date									
e. Interest (line 3c x) per month after due date...									
f. Total Penalty & Interest (line 3d + line 3e)									
g. Late Filing Fee ()	intentionally blank								
h. Total of Check Enclosed (line 3c+line 3f).....									

WEB

Check this box if you will have no employees next year: