

RAPHO TOWNSHIP LOCAL SERVICES QUARTERLY TAX RETURN

Effective January 1, 2008, all employers with work sites within Rapho Township or individuals with earnings in Rapho Township (schedule C or F) are required by law to deduct the Local Services Tax (LST) of \$52.00 from each employee.

This includes owners, self-employed and sole proprietors as well as employees.

If an individual earns less than \$12,000.00 in gross wages per calendar year, the individual can file an exemption form or request a refund at the end of the year.

THE LST DEDUCTION MUST BE REMITTED TO RAPHO TOWNSHIP AT THE ADDRESS INDICATED.

The LST should be submitted in quarterly installments; however, self-employed persons may provide a one-time payment of the full amount due. If the full annual payment is being remitted, please mark the appropriate box on the coupon.

INSTRUCTIONS

- 1) Please include your Employer Identification Number/Social Security Number on each coupon.
- 2) Please sign, list your title, and date the quarterly tax return on the lines provided.
- 3) Remittance should be the number of persons to whom the tax applies multiplied by \$1 per week for the number of weeks in the quarter.

Rapho Township LST Quarterly Tax Return

4th QUARTER DUE: 1/30/

I declare under penalties provided by law that this return has been examined by me and to the best of my knowledge is a true, correct and complete return.

EIN/SSN: _____

Signature _____ Title _____ Date _____

PLEASE REMIT TO:

*Rapho Township
971 N Colebrook Rd
Manheim, PA 17545*

LOCATION _____

Check here if the employee's full annual payment is being remitted with this return.

EMPLOYER

of Employees
(include Owner)

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Remittance Amount

DOLLARS

CENTS

\$							
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Rapho Township LST Quarterly Tax Return

3rd QUARTER DUE: 10/30/

I declare under penalties provided by law that this return has been examined by me and to the best of my knowledge is a true, correct and complete return.

EIN/SSN: _____

Signature _____ Title _____ Date _____

PLEASE REMIT TO:

*Rapho Township
971 N Colebrook Rd
Manheim, PA 17545*

LOCATION _____

Check here if the employee's full annual payment is being remitted with this return.

EMPLOYER

of Employees
(include Owner)

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Remittance Amount

DOLLARS

CENTS

\$							
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