

# LOCAL SERVICES TAX

## TOWNSHIP OF UPPER ST. CLAIR

**MAKE CHECK PAYABLE  
and RETURN TO**

OFFICE HOURS: 8:00 AM TO 4:00 PM  
MONDAY THROUGH FRIDAY



TOWNSHIP OF UPPER ST. CLAIR  
Tax Office  
1820 McLaughlin Run Road  
Upper St. Clair, PA 15241  
Telephone - (412) 831-9000

LOCAL BUSINESS ADDRESS

FEDERAL I.D. NUMBER

**FOR THE  
YEAR OF:**

ACCOUNT  
NUMBER:

SIGNATURE/TITLE

DATE

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE, CORRECT, AND COMPLETE RETURN.

**NOTE: UNSIGNED RETURNS WILL NOT BE ACCEPTED.**

**THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]**  
(\* NOTE: IF NO TAX WITHHELD THIS QUARTER, MARK "NONE" AND RETURN THIS FORM.)

1.

Jan. 1 - Mar. 31  
**DUE APR. 30**

2.

Apr. 1 - Jun. 30  
**DUE JUL. 31**

3.

Jul. 1 - Sept. 30  
**DUE OCT. 31**

4.

Oct. 1 - Dec. 31  
**DUE JAN 31**

EMPLOYER WITHHOLDING  
(QUARTERLY REPORTING)

SELF-EMPLOYED ONLY  
(ANNUAL RETURN)

1. TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_
2. TOTAL NUMBER OF EXEMPT EMPLOYEES \_\_\_\_\_
3. TOTAL NUMBER OF EMPLOYEES FOR WHICH  
LOCAL SERVICES TAX WITHHELD \_\_\_\_\_
4. NUMBER OF PAY PERIODS \_\_\_\_\_
5. TOTAL TAX WITHHELD \$ \_\_\_\_\_
6. PENALTY AND INTEREST  
(1% PER MONTH FROM DATE DUE) \$ \_\_\_\_\_
7. TOTAL REMITTED (Sum of Line 5 plus Line 6) \$ \_\_\_\_\_

**LIST NAME, ADDRESS, SOCIAL SECURITY NO. AND NUMBER OF PAYROLL PERIODS AND THE AMOUNT OF LOCAL SERVICES TAX BEING REMITTED FOR EACH EMPLOYEE.**

PROCESSED BY

DATE

CHECK OR M.O. NO.

CHECK

CASH

M.O.