

**FORM LST 2, EMPLOYEE'S EVIDENCE OF DEDUCTION CERTIFICATE**

**KCSD#**

Collector <b>City of Lock Haven Tax Office – LST Tax</b> 20 East Church Street Lock Haven, PA 17745 (570) 893-5621	Tax Amount Deducted \$ _____  Levied By: \$47.00 – City of Lock Haven \$ 5.00 - Keystone Central School District
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**Employer's Name & Address:**

**Account Number**

**SUBMITTED FOR: Employee's Name & Address:**

SS# \_\_\_\_\_

**Year**

NAME: \_\_\_\_\_

**2016**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

*\*Please copy this form for additional employee's\**

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