

FORM LST 2, EMPLOYEE'S EVIDENCE OF DEDUCTION CERTIFICATE

KCSD#

Collector City of Lock Haven Tax Office – LST Tax 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
--	--

Employer's Name & Address:

Account Number

SUBMITTED FOR: Employee's Name & Address:

SS# _____

Year

NAME: _____

2017

ADDRESS: _____

CITY: _____ ST. _____ ZIP _____

Please copy this form for additional employee's

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