

**FORM LST-1 EMPLOYER'S RETURN - CALENDAR YEAR 2015**

PAY TO:  
**City of Lock Haven Tax Office – LST Tax**  
**20 East Church Street**  
**Lock Haven, PA 17745** PHONE:(570)893-5621

**Local Service Tax Levied By:**  
 \$47.00 CITY OF LOCK HAVEN  
 \$5.00 KEYSTONE CENTRAL SCHOOL DISTRICT

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR QUARTER ENDING: March 31, 2015 1<sup>st</sup> Qtr 2015**  
**DUE ON OR BEFORE: April 30, 2015**

TO: -

|     |   |      |  |
|-----|---|------|--|
| (A) | TOTAL NUMBER OF EMPLOYEES REPORTED  |      |  |
| (B) | AMOUNT DEDUCTED FROM EMPLOYEES:<br>(\$1.00 PER WEEK PER EMPLOYEE)                   | \$   |  |
| (C) | EMPLOYER COMMISSION 2%<br>(B) X 0.02  | \$ - |  |
| (D) | PENALTY (If submitted after due date) 5%<br>(B) X .05                               | \$   |  |
| (E) | INTEREST (If submitted after due date) 1/2%<br>(B) x 0.005 x Number of months _____ | \$   |  |
| (F) | TOTAL: (B) minus (C) + (D) + (E) = (F)  | \$   |  |

(Please provide an employee listing with this quarter)

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Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR QUARTER ENDING: June 30, 2015 2<sup>nd</sup> Qtr 2015**  
**DUE ON OR BEFORE: July 31, 2015**

TO: -

|     |   |      |  |
|-----|---|------|--|
| (A) | TOTAL NUMBER OF EMPLOYEES REPORTED  |      |  |
| (B) | AMOUNT DEDUCTED FROM EMPLOYEES:<br>(\$1.00 PER WEEK PER EMPLOYEE)                   | \$   |  |
| (C) | EMPLOYER COMMISSION 2%<br>(B) X 0.02  | \$ - |  |
| (D) | PENALTY (If submitted after due date) 5%<br>(B) X .05                               | \$   |  |
| (E) | INTEREST (If submitted after due date) 1/2%<br>(B) x 0.005 x Number of months _____ | \$   |  |
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Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR QUARTER ENDING: September 30, 2015 3<sup>rd</sup> Qtr 2015**  
**DUE ON OR BEFORE: October 31, 2015**

TO: -

|     |   |      |  |
|-----|---|------|--|
| (A) | TOTAL NUMBER OF EMPLOYEES REPORTED  |      |  |
| (B) | AMOUNT DEDUCTED FROM EMPLOYEES:<br>(\$1.00 PER WEEK PER EMPLOYEE)                   | \$   |  |
| (C) | EMPLOYER COMMISSION 2%<br>(B) X 0.02  | \$ - |  |
| (D) | PENALTY (If submitted after due date) 5%<br>(B) X .05                               | \$   |  |
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Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR QUARTER ENDING: December 31, 2015 4<sup>th</sup> Qtr 2015**  
**DUE ON OR BEFORE: January 31, 2016**

TO: -

|     |   |      |  |
|-----|---|------|--|
| (A) | TOTAL NUMBER OF EMPLOYEES REPORTED  |      |  |
| (B) | AMOUNT DEDUCTED FROM EMPLOYEES:<br>(\$1.00 PER WEEK PER EMPLOYEE)                   | \$   |  |
| (C) | EMPLOYER COMMISSION 2%<br>(B) X 0.02  | \$ - |  |
| (D) | PENALTY (If submitted after due date) 5%<br>(B) X .05                               | \$   |  |
| (E) | INTEREST (If submitted after due date) 1/2%<br>(B) x 0.005 x Number of months _____ | \$   |  |
| (F) | TOTAL: (B) minus (C) + (D) + (E) = (F)  | \$   |  |

(Please provide an employee listing with this quarter)