

FORM LST-1 EMPLOYER'S RETURN - CALENDAR YEAR 2020

PAYABLE TO:

**BOROUGH ADMINISTRATOR
617 N LOYALSOCK AVENUE
MONTOURSVILLE, PA 17754**

1(570)368-2486

I Declare Under Penalty of Law That The Information Herein Contained is True and Correct	
Authorized Signature	_____
Date Filed	_____

NAME
AND
ADDRESS

**TAX LEVIED BY:
BOROUGH OF MONTOURSVILLE
MONTOURSVILLE PA**

TOTAL NUMBER OF EMPLOYEES REPORTED HEREWITH (INCLUDE OWNERS AND MANAGERS)		
GROSS AMOUNT OF TAX Line 1 X \$1.00 per week up to \$52.00		
EMPLOYEE FEE	2.00%	
NET AMOUNT DUE Line 2 minus Line 3		
PENALTY	0.50%	
INTEREST (1/2% PER MONTH)	0.50%	
TOTAL-INCLUDING ANY PENALTY AND INTEREST DUE		

ACCOUNT #

FOR QUARTER ENDING

SPACE BELOW FOR
TAX COLLECTOR'S USE

DUE ON OR BEFORE

ENCLOSE SUPPORTING LIST OF EMPLOYEES