

FORM LST-3 PERSONAL RETURN (SELF-EMPLOYED)

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	_____

TAX AMOUNT	\$52.00
TAX LEVIED BY:	
BOROUGH OF MONTOURSVILLE MONTOURSVILLE PA	

NAME  
AND  
ADDRESS

ACCOUNT # \_\_\_\_\_ FOR QUARTER ENDING \_\_\_\_\_ SPACE BELOW FOR  
YEAR 2018 \_\_\_\_\_ DUE ON OR BEFORE \_\_\_\_\_ TAX COLLECTOR'S USE

Instructions to Self-Employed or Individuals whose employers are not required to withhold.

1. In the event that you only have one occupation, complete section 1 or if your occupation situation is applicable to A, B or C complete section 2. If you receive more than one LST 'Personal Return' remit your payment with the primary 'Return'. On all other returns complete section 2.
2. Sign and file this return with your payment by the date shown.

**SECTION 1**

1. LST TAX		\$52.00
2. PENALTY	0.50%	
3. INTEREST (1/2% PER MONTH)	0.50%	
4. TOTAL DUE		

**SECTION 2**

- A. My 'Employer' withheld my LST  
Employer's Name: \_\_\_\_\_  
Employer's Number: \_\_\_\_\_
- B. I paid my LST and have in my possession a receipted personal return numbered  
D# \_\_\_\_\_ Dated: \_\_\_\_\_
- C. I certify that no portion of my business or occupation is carried on or performed within the limits of the taxing body shown.  
Area of Business or Occupation: \_\_\_\_\_

I certify that the above checked box is a true and correct statement.

Signature: \_\_\_\_\_