DUE BY:
1ST QTR - APRIL 30, ____
2ND QTR - JULY 31, ____
3RD QTR - OCT 31, ____
4TH QTR - JAN 31, ____

____ EMPLOYER QUARTERLY LOCAL SERVICE TAX (LST) WITHHOLDING RETURN
CAPITAL TAX COLLECTION BUREAU
FORM LST-2

(TO BE USED IN ADDITION TO THE COMBINED FORM LST-2 AND LST-4 WHEN NEEDED.)

Remit Form(s) and Payment to: Capital Tax Collection Bureau, 8391 Spring Rd Ste #3 New Bloomfield PA 17068

Phone Number: 717-957-7281

FEDERAL EIN	Account Number	WORKSITE PSD CODE	YEAR	QUARTER

EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME & ADDRESS	EXEMPT (EXEMPTION FORM MUST BE ATTACHED)	*COMPLETE LST* *(MUNICIPALITY AND SCHOOL)* AMOUNT WITHHELD THIS QUARTER	*SCHOOL LST* (ONLY SCHOOL PORTION) AMOUNT WITHHELD THIS QUARTER (SEE INSTRUCTIONS)
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
		☐	$	$
PAGE TOTALS			$	$
PAGE TOTAL LST WITHHELD THIS QUARTER.....			$	