

**LOCAL SERVICES TAX
EMPLOYER'S RETURN**

YEAR _____

QUARTER _____

BUSINESS NAME: _____ **PHONE:** _____

ADDRESS: _____

1. ENTER NUMBER OF EMPLOYEES*: _____

2. NUMBER OF EMPLOYEES X \$52= \$ _____ **(**\$47 stays in Clarks Green, \$5 goes to AHSD)

3. TOTAL AMOUNT ENCLOSED: \$ _____ **(DUE UPON RECEIPT)**

**PAYABLE TO: LOCAL SERVICES TAX COLLECTOR
CLARKS GREEN BOROUGH
104 NORTH ABINGTON ROAD
CLARKS GREEN, PA 18411**

4. ATTACH LIST OF EMPLOYEE NAMES & SOCIAL SECURITY NUMBERS TO FORM**

***Sole proprietors/members of partnerships are considered employees when filing/paying LS Tax.**

**** Employees earning less than \$12,000/year are exempt from the LS Tax. For our records, include their names in the employee list. Indicate by an "X" those claiming exemption.**

I, (Print Name) _____, hereby certify that the information contained in this return is true and correct to the best of my knowledge.

Authorized Signature: _____ **Date:** _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.