

Jenkintown Borough 700 Summit Avenue Jenkintown, PA 19046 (215) 885-0700	Chk# _____ Amt. _____ Rec'd _____	2008 LST RETURN <input type="checkbox"/> 1 st Qtr. <input type="checkbox"/> 2 nd Qtr. <input type="checkbox"/> 3 rd Qtr. <input type="checkbox"/> 4 th Qtr.
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LOCAL SERVICES TAX RETURN (LST)
(Effective January 1, 2008, LST has replaced the EMST)

<ul style="list-style-type: none"> ○ Read instructions before completing. ○ Be Sure to check the correct return quarter on the top right hand side of your return. ○ Be Sure to sign and date your return. ○ Mail the return with your payment. ○ Attach exemption certificates received during quarter to this form. 	<table style="width: 100%;"> <tr> <td style="width: 50%;"> 1st Quarter End Date 3/31/08 Due Date 4/30/08 </td> <td style="width: 50%;"> 2nd Quarter End Date 6/30/08 Due Date 7/31/08 </td> </tr> <tr> <td> 3rd Quarter End Date 9/30/08 Due Date 10/31/08 </td> <td> 4th Quarter End Date 12/31/08 Due Date 2/2/09 </td> </tr> </table>	1st Quarter End Date 3/31/08 Due Date 4/30/08	2nd Quarter End Date 6/30/08 Due Date 7/31/08	3rd Quarter End Date 9/30/08 Due Date 10/31/08	4th Quarter End Date 12/31/08 Due Date 2/2/09
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TAX PAYER NAME AND MAILING ADDRESS:	BUSINESS NAME AND ADDRESS:

ALL EMPLOYERS – Complete Schedule A and Lines 1 - 3

1. Total Number of Employees this quarter (Employers with no regular pay periods, Federal Schedule C Filers Enter “1”)	
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COMPLETE SCHEDULE A. CARRY TOTAL TO LINE 2

2. Total LST Withheld and Due (From Line 21 of Schedule A) If return is filed after due date, go to Line 3, otherwise STOP here and pay this amount.	\$
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PENALTY AND INTEREST – MUST be completed if return is postmarked or filed after due date.

3. Penalty (Line 2 x .10)	\$
4. Interest (Line 2 x .015 x # of Months Late)	\$
5. TOTAL TAX, PENALTY AND INTEREST DUE (Add Lines 2, 3, and 4)	\$

Make Checks payable to “Jenkintown Borough”
 All forms are available online at www.Jenkintownboro.com

I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE HEREIN AND/OR IN SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name (Owner or Authorized Person):	Telephone #:	Print Name of Person Preparing Return: (If other than taxpayer)	Telephone #:
Signature (Owner or Authorized Person):	Date:	Address of Person Preparing Return:	Date:

INSTRUCTIONS

- Line 1** – State the total number of employees in this quarter including exempt individuals.
- Line 2** – Write the amount from Line 22 of Schedule A. If your return is postmarked or filed in person by the due date, **STOP** here and pay listed amount. Any return postmarked or filed in person after the due date **WILL BE ASSESSED PENALTY AND INTEREST.**
- Line 3** – The late filing penalty is a flat 10% of the tax amount due.
- Line 4** – Interest is 1.5% per month or portion thereof that a return is late measured from the due date of return.

Schedule A: Please complete official form. You may use an alternate employee roster that contains the same information. Attach additional pages if necessary. LST should be withheld from ALL employees unless an Exemption Form has been completed and filed.