Employer LST Remittance Form	Elizabethville Boro.	Payment for Quarter ending:	
Employer Information:			
Name			
		Address 1	
Email		Address 2	
	Cit	y, State and Zip	
Contact Person	:	Phone Number	
A. Your Total Number of Employees _	B. Total Number	er of Employees you are remitting for	r:
C. Total number of employees applying	g for exemption:	Line B + Line C must equal	Line A]
Total Tax Paid this Quarter	\$		
-			
MUST INCLUDE ALL EMPLOY PROVIDE A COMPU	TER PRINT-OUT WITH		ELOW OR
EMPLOYEE'S	NAME OF EN	MPLOYEE	AMOUNT WITHHELD
SS#	(PLEASE PRIN	T OR TYPE)	

REMIT By 30 days after the Qtr.

Marilyn Henninger, Tax Collector 87 E. Broad Street P. O. Box 329 Elizabethville, PA 17023 - (717) 362-8355 Total