

2018 LOCAL SERVICES TAX (LST) PERSONAL RETURN (SELF EMPLOYED) FORM WILSON AREA SCHOOL DISTRICT I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT AUTHORIZED SIGNATURE _____ DATE FILED	READ INSTRUCTIONS AT THE BOTTOM OF THIS FORM IN THIS WAY YOU CAN VERIFY YOUR OCCUPATION SITUATION BEFORE COMPLETING -REMINDER- SIGN THIS RETURN	1. LST TAX	\$5.00
		2. PENALTY 10%	
		3. INTEREST (½% PER MONTH)	
		4. TOTAL DUE	
		PAYABLE TO: Wilson Area School District 2040 Washington Blvd, Easton PA 18042	
NAME & ADDRESS		DUE ON OR BEFORE May 1, 2018	

LST PERSONAL RETURN FORM INSTRUCTIONS

Instructions to Self-Employed Persons or Individuals Whose Employers are Not Required to Withhold. In the event that you have only one (1) occupation, complete and file this return with your payment by **May 1, 2018** as shown or, if your occupation situation is applicable to 1, 2, or 3 below, complete the form at the bottom as instructed.

1. In the event that you have an employer who has deducted the tax, check Box "A" and fill in employer's name and number. Your employer is required to furnish you with an "Evidence of Deduction Certificate" giving the employer's name and number. Return completed copy of form at the bottom to the Wilson Area School District.
2. When you receive more than one LST Form "Personal Return," remit your payment with the primary "Return." On all others, return copy of form at the bottom to the Township after filling in box and line B. Use the Social Security number that appears on the primary "Return."
3. In the event that you are **NOT** engaged in a business or occupation **WITHIN** the corporate limits of the Wilson Area School District, check Box "C" and return to Wilson Area School District.

REMINDER: When filing the attached forms they must be signed.

A	<input type="checkbox"/>	MY "EMPLOYER" WITHHELD MY 2018 LST TAX
EMPLOYER'S NAME		EMPLOYER NUMBER
B	<input type="checkbox"/>	I PAID MY 2018 LST TAX AND HAVE IN MY POSSESSION A RECEIPTED PERSONAL RETURN NUMBERED AS FOLLOWS:
AMOUNT PAID		DATED
C	<input type="checkbox"/>	I CERTIFY THAT NO PORTION OF MY BUSINESS OR OCCUPATION IS CARRIED ON OR PERFORMED WITHIN THE CORPORATE LIMITS OF THE WILSON AREA SCHOOL DISTRICT.
I CERTIFY THAT THE ABOVE CHECKED IS A TRUE AND CORRECT STATEMENT		SIGNED
NAME AND ADDRESS		SOCIAL SECURITY NUMBER