

**Form LST - 1 Employer's Return - Calendar Year 2017**

Payable to:

**Watsonstown Borough**  
**318 Main Street**  
**P.O. Box 273**  
**Watsonstown, PA 17777**  
**570-538-1000**

I declare under penalty of law that the information herein  
 contained is true and correct

**Authorized  
 Signature:**

**Date filed:**

Tax Levied by: <b>Borough of Watsonstown</b>		
Total number of employees reported herein (include owners and managers)		
Gross amount of tax-line 1 x \$	52.0	
Employer fee	2%	
Net Amount Due Line 2 minus 3		
Penalty	5%	
Interest	0.00% per month	
Total - including any penalty interest due		

Acct#: \_\_\_\_\_ For Quarter Ending: \_\_\_\_\_ Space below for tax collector's use.

Name & Address:

Due on or before:

Enclosed supporting 2 copies (item 1 above)



**Form LST - 3 Personal Return (Self-Employed)**

Payable to:

**Watsonstown Borough  
PO Box 273  
Watsonstown, PA 17777  
570-538-1000**

I declare under penalty of law that the information herein contained is true and correct.

Authorized Signature: \_\_\_\_\_

Dated filed: \_\_\_\_\_

Name & Address:

Tax amount \$52.00  
TAX LEVIED BY:

**The Borough of Watsonstown**

Acct. #:

For Quarter Ending:

Space below for Tax Collector's use:

**YEAR  
2017**

Due on or before:

Instructions to Self Employed or Individuals whose employers are not required to withhold.

- In the event that you only have one occupation, complete Section 1 or if your occupation situation is applicable to A, B or C, complete Section 2. If you receive more than one "Personal Return" remit your payment with the primary "Return". On all other returns, complete Section 2.
- Sign and file this return with you payment by the date shown.

**SECTION 1**

1. Tax		\$52.00
2. Penalty (5%)	5.00%	
3. Interest (1/2% per month)	0.00%	
4. Total Due		

**SECTION 2**

A. My Employer withheld my

Employer's Name: \_\_\_\_\_

B. I paid my \_\_\_\_\_ and have in my possession a receipted personal return numbered

D# \_\_\_\_\_

Dated: \_\_\_\_\_

C. I certify that no portion of my business or occupation is carried on or performed within the limits of the taxing body shown.

Area of Business or Occupation: \_\_\_\_\_

I certify that the above checked box is a true and correct statement.

Signature: \_\_\_\_\_