

Township of Abington – LST
 1176 Old York Road
 Abington, PA 19001

2008 LOCAL SERVICES TAX RETURN (LST)

(Effective January 1, 2008, the LST replaces the Occupational Privilege Tax)

TAXPAYER NAME AND ADDRESS			BUSINESS LICENSE #
CHECK QUARTER THIS RETURN IS FOR			
QTR ENDING March 31, 2008 <input type="checkbox"/>	QTR ENDING June 30, 2008 <input type="checkbox"/>	QTR ENDING September 30, 2008 <input type="checkbox"/>	QTR ENDING December 31, 2008 <input type="checkbox"/>
RETURN DUE April 30, 2008	RETURN DUE JULY 31, 2008	RETURN DUE October 31, 2008	RETURN DUE January 31, 2009
1. Number of payroll periods in year.			
2. Number of pay periods this quarter.			
3. LST withheld per quarter. (Schedule A)			
4. LST due this quarter. (Schedule B)			
5. TOTAL LST WITHHELD AND DUE (Add lines 3 & 4) This total must agree with Schedule A and Schedule B			
PENALTY AND INTEREST MUST BE COMPLETED IF RETURN IS FILED AFTER DUE DATE			
6. Add 5% penalty if paid after due date (Line 5 x 5%)			
7. Add 6% interest per annum (Line 5 x .5% x # of Months late)			
8. TOTAL PAYMENT DUE (ADD LINES 5, 6, and 7)			
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.			
Print Name (Owner or Authorized Person)	Telephone #	Print Name of Person preparing return (if other than taxpayer)	Telephone #
Signature of (Owner or Authorized Person)	Date	Address of person preparing return (if other than taxpayer)	Date

Make Checks payable to "Abington Township Treasurer"

**ABINGTON TOWNSHIP
2008 LOCAL SERVICES TAX RETURN (LST)
SCHEDULE A**

Use This Form Or Provide Equivalent Employee Roster Containing the Same Information.

TAXPAYER NAME AND ADDRESS				BUSINESS LICENSE #	
#	EMPLOYEE NAME	DATE EXEMPTION CERT FILED	GROSS EARNED IN QTR	# OF PAYS PAID IN QTR	LST WITHHELD
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
AMOUNT TO BE REMITTED TO ABINGTON TOWNSHIP (=SUM OF LST WITHHELD)					
CARRY THIS AMOUNT TO LINE 3 ON PAGE 1					

(OVER FOR SCHEDULE B)

**ABINGTON TOWNSHIP
2008 LOCAL SERVICES TAX RETURN (LST)
SCHEDULE B**

Use This Form Or Provide Equivalent Roster Containing the Same Information.

	TAXPAYER NAME AND ADDRESS	BUSINESS LICENSE #
#	NAME OF OWNER/PARTNERS	DUE \$13.00 PER QUARTER
1.		
2.		
3.		
4.		
5.		
6.		
TOTAL		
CARRY THIS AMOUNT TO LINE 4 ON PAGE 1		