



Lancaster County Tax Collection Bureau

1845 William Penn Way Suite 1

Lancaster, PA 17601-6713

Phone: (717) 569-4521

Fax: (717) 569-1623

www.lctcb.org

EMPLOYER LOCAL SERVICES TAX REMITTANCE FORM

YEAR: _____ QUARTER: _____

ACCOUNT NUMBER: _____

OR

EIN: _____ - _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

PHONE NUMBER: _____

	Amount	Muni Code
Total LST Withheld This Quarter:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

Penalty:
(\$15 if paid after due date) \$ _____ . _____

Balance Due LCTCB:
(Make check payable to LCTCB) \$ _____ . _____

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund, and collection of taxes collected by LCTCB by requesting the Lancaster County Tax Collection Bureau Taxpayers Bill of Rights Disclosure Statement. To obtain a copy, access the LCTCB website at www.lctcb.org, call LCTCB at (717) 569-4521 Monday through Friday between the hours of 8:00 AM and 4:00 PM, or send a written request to LCTCB at 1845 William Penn Way, Suite One, Lancaster, PA 17601-6713.