

# BOROUGH OF PITCAIRN

Account # \_\_\_\_\_ Both numbers must  
Federal Tax Identification # \_\_\_\_\_ be provided\*\*

## LOCAL SERVICES TAX

Make Check Payable To: **MONROEVILLE TAX OFFICE**  
Mail To: **LST 2700 Monroeville Blvd**  
**Monroeville PA 15146-2388**

Please print or type neatly in the box below:

Name	Address	City	State	Zip Code

Number of Employees or Owners subject to tax	_____
<b>* LISTING OF NAME, SS#, AND ADDRESS MUST BE ATTACHED</b>	
Tax Payment	<b># subject to tax x \$1.00 A WEEK</b>
Interest & Penalty (1% per month after date due)	_____
Total Payment	_____

TO AVOID INTEREST & PENALTY MAKE PAYMENTS QUARTERLY

QUARTERLY DUE DATES: 1ST = 04/30 2ND = 07/31 3RD = 10/31 4TH = 01/31

QUARTER	YEAR	DUE DATE

I hereby certify that the information contained in this return is true and correct to the best of my knowledge

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

**Instructions:** MAKE A COPY OF THE FORM BEFORE MAILING THE SIGNED ORIGINAL

WEBSITE: [www.monroeville.pa.us](http://www.monroeville.pa.us)

**Before contacting our office, go to our website and follow the links to the tax department for valuable information for both businesses and individuals.**

**\*Your return will not be considered filed without providing name, address, and social security number for each employee**

Send us written notice INCLUDING EFFECTIVE DATE IF NAME OR ADDRESS HAS CHANGED Email: [Montax@monroeville.pa.us](mailto:Montax@monroeville.pa.us)

DIRECT INQUIRIES TO: LST, 2700 Monroeville Blvd, Monroeville, PA 15146-2388 Phone (412) 856-3333 Fax (412) 856-1054

Taxpayer Bill of Rights Statement: You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection by contacting the tax office

**Definition:** This is a tax on all who are employed in Pitcairn, regardless of where they reside. Only valid proof of income with a filed LST EXEMPTION FORM for the tax year will exempt withholding the tax for the calendar year.

**Tax:** \$1.00 a week up to \$52.00 per person per calendar year.

**Due Date:** April 30<sup>th</sup> for all persons employed on or before January 1<sup>st</sup>. For all persons newly employed after January 1st, the tax is due thirty (30) days following the end of the quarter in which employed or compensation is payable.

**Interest and Penalty:** If for any reason any tax is not paid when due, interest at the rate of six (6%) percent per year on the amount of unpaid tax and an additional penalty of one-half of one percent (1/2 of 1%) of the amount of unpaid tax for each month or fraction of month during which the which the tax remains unpaid, shall be added and collected.

**\*\* IF YOU DO NOT HAVE AN ACCOUNT #, PRINT, COMPLETE, AND SUBMIT A BUSINESS REGISTRATION FORM WITH YOUR RETURN. INCOMPLETE FORMS SUBMITTED MAY BE TREATED AS A FAILURE TO FILE A RETURN.**