

**Bensalem Township and School District**

**2010 Local Services Tax (LST) Return**

**Form LST 1 - Q1 Due April 30, 2010**

Read instructions before completing.

For Information Call: 800.800.8181 Ext. 4040

**Mail completed return and payment to:**  
**MuniServices, LLC**  
**51 North Third Street PMB #215**  
**Philadelphia, PA 19106-4597**  
 Make checks payable to MuniServices, LLC

Line 1 Total Number of Employees this quarter: \_\_\_\_\_  
 Line 2 Gross Amount of tax from LST Schedule "Total" \_\_\_\_\_  
 Line 3 Interest Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 4 Penalty Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 5 Total Amount Due from line 2, 3, and 4 of this Return \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

Account #: \_\_\_\_\_  
 Federal ID #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
 I declare under the penalty of law that the information herein contained is true and complete.

**LOCAL SERVICES TAX (LST) SCHEDULE**

If additional pages of the schedule are needed, they must be attached to this return by the employer.  
 A computerized or similarly prepared LST schedule is acceptable as long as all information is included.  
 Read instructions for completing quarterly LST Forms.  
 \*\* (W) Weekly, (B) Bi-Weekly, (M) Monthly, (O) Other, (A) Arrears

	(A)	(B)			(C)	(D)	(E)	(F)	(G)
	SSN #	Last Name	First Name	MI	** Pay Period Interval W,B,M,O,A	Tax Withheld per Pay Period	Number of Pay Periods this Quarter	Total Tax Due this Quarter	Date Exemption filed for Employee
1									
2									
3									
4									
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17									
18									
19									
20									
<b>S</b>	Sub-total from additional pages								
<b>T</b>	Total - Insert this amount on Line 2 above								

**Bensalem Township and School District**  
**2010 Local Services Tax (LST) Return**  
**Form LST 1 - Q2 Due July 31, 2010**  
 Read instructions before completing.

For Information Call: 800.800.8181 Ext. 4040  
**Mail completed return and payment to:**  
**MuniServices, LLC**  
**51 North Third Street PMB #215**  
**Philadelphia, PA 19106-4597**  
 Make checks payable to MuniServices, LLC

Line 1 Total Number of Employees this quarter: \_\_\_\_\_  
 Line 2 Gross Amount of tax from LST Schedule "Total" \_\_\_\_\_  
 Line 3 Interest Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 4 Penalty Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 5 Total Amount Due from line 2, 3, and 4 of this Return \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

Account #: \_\_\_\_\_  
 Federal ID #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
 I declare under the penalty of law that the information herein contained is true and complete.

**LOCAL SERVICES TAX (LST) SCHEDULE**

If additional pages of the schedule are needed, they must be attached to this return by the employer.  
 A computerized or similarly prepared LST schedule is acceptable as long as all information is included.  
 Read instructions for completing quarterly LST Forms.  
 \*\* (W) Weekly, (B) Bi-Weekly, (M) Monthly, (O) Other, (A) Arrears

	(A)		(B)			(C)	(D)	(E)	(F)	(G)
	SSN #	Last Name	First Name	MI	Pay Period Interval W,B,M,O,A	Tax Withheld per Pay Period	Number of Pay Periods this Quarter	Total Tax Due this Quarter	Date Exemption filed for Employee	
1										
2										
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18										
19										
20										
<b>S</b>	Sub-total from additional pages									
<b>T</b>	Total - Insert this amount on Line 2 above									

**Bensalem Township and School District**  
**2010 Local Services Tax (LST) Return**  
**Form LST 1 - Q3 Due October 31, 2010**  
 Read instructions before completing.

For Information Call: 800.800.8181 Ext. 4040  
**Mail completed return and payment to:**  
**MuniServices, LLC**  
**51 North Third Street PMB #215**  
**Philadelphia, PA 19106-4597**  
 Make checks payable to MuniServices, LLC

Line 1 Total Number of Employees this quarter: \_\_\_\_\_  
 Line 2 Gross Amount of tax from LST Schedule "Total" \_\_\_\_\_  
 Line 3 Interest Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 4 Penalty Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 5 Total Amount Due from line 2, 3, and 4 of this Return \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

Account #: \_\_\_\_\_  
 Federal ID #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
 I declare under the penalty of law that the information herein contained is true and complete.

**LOCAL SERVICES TAX (LST) SCHEDULE**

If additional pages of the schedule are needed, they must be attached to this return by the employer.  
 A computerized or similarly prepared LST schedule is acceptable as long as all information is included.  
 Read instructions for completing quarterly LST Forms.  
 \*\* (W) Weekly, (B) Bi-Weekly, (M) Monthly, (O) Other, (A) Arrears

	(A)		(B)			(C)	(D)	(E)	(F)	(G)
	SSN #	Last Name	First Name	MI	Pay Period Interval W,B,M,O,A	Tax Withheld per Pay Period	Number of Pay Periods this Quarter	Total Tax Due this Quarter	Date Exemption filed for Employee	
1										
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20										
<b>S</b>	Sub-total from additional pages									
<b>T</b>	Total - Insert this amount on Line 2 above									



**Bensalem Township and School District**  
**2010 Local Services Tax (LST) Return**  
**Form LST 1 - Q4 Due January 31, 2011**  
 Read instructions before completing.

For Information Call: 800.800.8181 Ext. 4040  
**Mail completed return and payment to:**  
**MuniServices, LLC**  
**51 North Third Street PMB #215**  
**Philadelphia, PA 19106-4597**  
 Make checks payable to MuniServices, LLC

Line 1 Total Number of Employees this quarter: \_\_\_\_\_  
 Line 2 Gross Amount of tax from LST Schedule "Total" \_\_\_\_\_  
 Line 3 Interest Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 4 Penalty Due, if paid after due date .5% (.005) \_\_\_\_\_  
 Line 5 Total Amount Due from line 2, 3, and 4 of this Return \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

Account #: \_\_\_\_\_  
 Federal ID #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
 I declare under the penalty of law that the information herein contained is true and complete.

**LOCAL SERVICES TAX (LST) SCHEDULE**

If additional pages of the schedule are needed, they must be attached to this return by the employer.  
 A computerized or similarly prepared LST schedule is acceptable as long as all information is included.  
 Read instructions for completing quarterly LST Forms.  
 \*\* (W) Weekly, (B) Bi-Weekly, (M) Monthly, (O) Other, (A) Arrears

	(A)			(B)			(C)	(D)	(E)	(F)	(G)
	SSN #	Last Name	First Name	MI	Pay Period Interval W,B,M,O,A	Tax Withheld per Pay Period	Number of Pay Periods this Quarter	Total Tax Due this Quarter	Date Exemption filed for Employee		
1											
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20											
<b>S</b>	Sub-total from additional pages										
<b>T</b>	Total - Insert this amount on Line 2 above										