BERKS EIT BUREAU Phone: 610-372-843	00/1 055 272 0420		
Fax: 610-372-1102	19/1-855-372-8439		
		1. PRO RATA TAX AMOUNT	
Municipality:	:	2. DISCOUNT, IF APPLICABLE	
School District:		3. PENALTY	
PSD:	:	4. INTEREST	
		5. TOTAL DUE	
Taxpayer Name:		<u> </u>	
		Social Security Num	ber
Work location			
address:		_	
		_	
TAX RATE INFO:	Varies by municipality. Please refer to the Local Services Tax Rates. For tax rates greater than \$10.00 annually, you may elect to pay the tax in full or in quarterly installments.		
	For tax rates greater than \$10.00 annually,	, you may elect to pay the tax in full or in q	uarterly installments.
MANUEL STAVABLE	All individuals who are self employed	or whose employer does not withhold	the Local Services Tax must remit the tax
WHO IS TAXABLE:			unicipality where you work or where your
	business is located.	review at a rate determined by the mo	unicipality where you work or where your
EVENARTIONS	Malainia ann an tagairtí agus agus an tagairtí agus an tagairtí agus agus agus agus agus agus agus agus	was and the same also also also also also a Tay Fo	Contification with this form
EXEMPTIONS:	If claiming exemption for the year, please	return the completed Local Services Tax Ex	temption Certificate with this form.
ONCE COMBLETED	, PLEASE MAIL THIS FORM AND YOUR	CHECK MADE DAVABLE TO BEDKE	EIT DUDEAU TO:
ONCE COMPLETED	, PLEASE WAIL THIS FORW AND TOOK	CHECK, WIADE PATABLE TO BERKS	EII BUREAU 10.
	BERKS EIT BUREAU		
	1125 BERKSHIRE BLVD SUITE 115		
	WYOMISSING PA 19610		
	W TOWNSSING PA 19610		
		I DECLARE UNDER PENALTY OF LAW THAT THIS INFORMATION IS CORRECT.	
		I DECLARE UNDER PENALIT OF LAW ITA	AT THIS INFORMATION IS CORRECT.
		AUTHORIZED SIGNATURE	DATE
		· · · · · · · · · · · · · · · · · ·	

TAX YEAR_____QUARTER _____

LOCAL SERVICES TAX