

LOCAL SERVICES TAX

TAX YEAR _____ QUARTER _____

BERKS EIT BUREAU
Phone: 610-372-8439/1-855-372-8439
Fax: 610-372-1102

Municipality:
School District:
PSD:

1. PRO RATA TAX AMOUNT	1
2. DISCOUNT, IF APPLICABLE	2
3. PENALTY	3
4. INTEREST	4
5. TOTAL DUE	5

Taxpayer Name: _____

_____ Social Security Number

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.

WHO IS TAXABLE: All individuals who are self-employed or whose employer does not withhold the Local Services Tax must remit the tax directly to Berks EIT Bureau. The tax is levied at a rate determined by the municipality where you work or where your business is located.

EXEMPTIONS: If claiming exemption for the year, please return the completed Local Services Tax Exemption Certificate with this form.

ONCE COMPLETED, PLEASE MAIL THIS FORM AND YOUR CHECK, **MADE PAYABLE TO BERKS EIT BUREAU** TO:

BERKS EIT BUREAU
1125 BERKSHIRE BLVD SUITE 115
WYOMISSING PA 19610

I DECLARE UNDER PENALTY OF LAW THAT THIS INFORMATION IS CORRECT.

AUTHORIZED SIGNATURE DATE