

**FORM LST-3 PERSONAL RETURN (SELF EMPLOYED)**

Payable to:

**ELSIE E. PETER, TAX COLLECTOR**  
**PO BOX 89**  
**McELHATTAN, PA 17748**  
**570-769-6602**

Tax Amount: \$52.00  
 Tax Levied By: **Wayne Township - \$47**  
**Keystone Cntrl School District - \$5**

I Declare Under Penalty of Law That The Information Herein  
 Contained is True and Correct

Authorized Signature \_\_\_\_\_

For Quarter Ending \_\_\_\_\_

Date Filed \_\_\_\_\_

Acct # \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_

Due on or Before \_\_\_\_\_

Instructions to Self-Employed or Individuals whose employers are not required to withhold.

1. In the event that you only have one occupation, complete Section 1 or if your occupation situation is applicable to A, B or C, complete Section 2. If you receive more than one LST "Personal Return" remit your payment with the primary "Return". On all other returns complete Section 2.
2. Sign and file this return with your payment by the date shown.

**SECTION 1**

|                              |         |
|------------------------------|---------|
| 1. Local Services Tax        | \$52.00 |
| 2. PENALTY 6%                |         |
| 3. INTEREST (1/2% Per Month) |         |
| 4. TOTAL DUE                 |         |

**SECTION 2**

- A.  My "Employer" withheld my LST  
 Employer's Name: \_\_\_\_\_  
 Employer's Number: \_\_\_\_\_
- B.  I paid my LST and have in my possession a receipted personal return numbered:  
 # \_\_\_\_\_ Dated: \_\_\_\_\_
- C.  I certify that no portion of my business or occupation is carried on or performed with the limits of the taxing body shown.

I certify that the above checked box is a true and correct statement.

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