

**LOCAL SERVICES TAX  
TOWNSHIP OF HAMPTON**

**MAKE CHECK PAYABLE  
and RETURN TO**

OFFICE HOURS: 8:00 A.M. TO 4:30 P.M.  
MONDAY THROUGH FRIDAY



TOWNSHIP OF HAMPTON  
Tax Office  
3101 McCully Road  
Allison Park, PA 15101  
Telephone - (412) 486-0400 Ext. 364 & 365

LOCAL BUSINESS ADDRESS

FEDERAL I.D. NUMBER

FOR THE  
YEAR OF:

ACCOUNT  
NUMBER:

SIGNATURE/TITLE

DATE

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE, CORRECT, AND COMPLETE RETURN.

**NOTE: UNSIGNED RETURNS WILL NOT BE ACCEPTED.**

**THIS PAYMENT FOR QUARTER/S INDICATED [CHECK (✓) BOX]**

(\* NOTE: IF NO TAX WITHHELD THIS QUARTER, MARK "NONE" AND RETURN THIS FORM.

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
Jan. 1 thru Mar. 31 <b>DUE APRIL 30</b>	Apr. 1 thru Jun. 30 <b>DUE JULY 31</b>	Jul. 1 thru Sept. 30 <b>DUE OCT. 31</b>	Oct. 1 thru Dec. 31 <b>DUE JAN. 31</b>

EMPLOYER WITHHOLDING (QUARTERLY REPORTING)       SELF-EMPLOYED ONLY (ANNUAL RETURN)

1. TOTAL NUMBER OF EMPLOYEES..... \_\_\_\_\_
2. TOTAL NUMBER OF EXEMPT EMPLOYEES..... \_\_\_\_\_
3. TOTAL NUMBER OF EMPLOYEES FOR WHICH LOCAL SERVICES TAX WITHHELD..... \_\_\_\_\_
4. NUMBER OF PAY PERIODS..... \_\_\_\_\_
5. TOTAL TAX WITHHELD..... \$ \_\_\_\_\_
6. PENALTY AND INTEREST (1% PER MONTH FROM DATE DUE) ..... \$ \_\_\_\_\_
7. TOTAL REMITTED (Sum of Line 5 plus Line 6) ..... \$ \_\_\_\_\_

**LIST NAME, ADDRESS, SOCIAL SECURITY NO. AND NUMBER OF PAYROLL PERIODS AND THE AMOUNT OF LOCAL SERVICES TAX BEING REMITTED FOR EACH EMPLOYEE.**

PROCESSED BY	DATE	CHECK OR M.O. NO.	CHECK	CASH	M.O.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>