

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: 800.627.3491 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 _____ Account #: _____

NAME: _____
MAILING ADDRESS: _____
MAILING ADDRESS: _____

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) ** Pay Period Interval W,B,M,O,A	(D) Tax Withheld per Pay Period	(E) Number of Pay Periods this Quarter	(F) Total Tax Due this Quarter	(G) Date Exemption filed for Employee
	SSN #	Last Name	First Name	MI							
1											
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S	Sub-total from additional pages										
T	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: 800.627.3491 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 _____

Account #: _____

NAME:
MAILING ADDRESS:
MAILING ADDRESS:

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) ** Pay Period Interval W,B,M,O,A	(D) Tax Withheld per Pay Period	(E) Number of Pay Periods this Quarter	(F) Total Tax Due this Quarter	(G) Date Exemption filed for Employee
	SSN #	Last Name	First Name	MI						
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S	Sub-total from additional pages									
T	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: 800.627.3491 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 _____

Account #: _____

NAME:
MAILING ADDRESS:
MAILING ADDRESS:

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	
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S	Sub-total from additional pages									
T	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: 800.627.3491 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 _____ Account #: _____

NAME: _____
MAILING ADDRESS: _____
MAILING ADDRESS: _____

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.
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 Read instructions for completing quarterly LST Forms.
 ** (W) Weekly, (B) Bi-Weekly, (M) Monthly, (O) Other, (A) Arrears

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