



**Bensalem Township and School District**  
**2008 Local Services Tax (LST) Return**  
**Form LST 1 - Q1 Due April 30, 2008**  
 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 \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

Account #: \_\_\_\_\_  
 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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<b>S</b>	Sub-total from additional pages										
<b>T</b>	Total - Insert this amount on Line 2 above										



**Bensalem Township and School District**  
**2008 Local Services Tax (LST) Return**  
**Form LST 1 - Q2 Due July 31, 2008**  
 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 \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

Account #: \_\_\_\_\_  
 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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<b>S</b>	Sub-total from additional pages									
<b>T</b>	Total - Insert this amount on Line 2 above									



**Bensalem Township and School District**  
**2008 Local Services Tax (LST) Return**  
**Form LST 1 - Q3 Due October 31, 2008**  
 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 \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

Account #: \_\_\_\_\_  
 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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<b>S</b>	Sub-total from additional pages										
<b>T</b>	Total - Insert this amount on Line 2 above										



# Bensalem Township and School District

## 2008 Local Services Tax (LST) Return

### Form LST 1 - Q4 Due January 31, 2009

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 \_\_\_\_\_

NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_

Account #: \_\_\_\_\_  
 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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<b>S</b>	Sub-total from additional pages									
<b>T</b>	Total - Insert this amount on Line 2 above									