

TOWNSHIP OF LOWER MERION LST TAX COLLECTOR 75 E. LANCASTER AVENUE ARDMORE, PA 19003-2376 BUSINESS TAX HOTLINE: (610) 645-6142	2025	LST	QTR3
	Quarterly LST Return		
Account Number <input type="text"/>	Period Ending Sept. 30, 2025	Return Due October 31, 2025	
TaxPayer Name and Address	Complete Schedule A Employee List and Lines 1 – 2		
	1. Total Number of Employees/Owners this quarter Include business owners, general partners, and active owners		<input type="text"/>
	2. Total LST Paid this Quarter (From Schedule A)		<input type="text"/> . <input type="text"/>
LATE FILERS – Complete Lines 3 AND 4 OTHERWISE STOP HERE and pay amount on Line 2			
	3. Penalty (Line 2 X .10)		<input type="text"/> . <input type="text"/>
	4. Interest (Line 2 X .015 X # of Months Late)		<input type="text"/> . <input type="text"/>
	5. TOTAL TAX, PENALTY AND INTEREST DUE (Add Lines 2, 3 and 4)		<input type="text"/> . <input type="text"/>
I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE HEREIN AND/OR IN SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
Print Name (Owner or Authorized Person)	Telephone #	Print Name of Person Preparing Return (if other than taxpayer)	Telephone #
Signature (Owner or Authorized Person)	Date	Address of person preparing if (other than taxpayer)	Date

TOWNSHIP OF LOWER MERION LST TAX COLLECTOR 75 E. LANCASTER AVENUE ARDMORE, PA 19003-2376 BUSINESS TAX HOTLINE: (610) 645-6142	2025	LST	QTR4
	Quarterly LST Return		
Account Number <input type="text"/>	Period Ending Dec. 31, 2025	Return Due January 31, 2026	
TaxPayer Name and Address	Complete Schedule A Employee List and Lines 1 – 2		
	1. Total Number of Employees/Owners this quarter Include business owners, general partners, and active owners		<input type="text"/>
	2. Total LST Paid this Quarter (From Schedule A)		<input type="text"/> . <input type="text"/>
LATE FILERS – Complete Lines 3 AND 4 OTHERWISE STOP HERE and pay amount on Line 2			
	3. Penalty (Line 2 X .10)		<input type="text"/> . <input type="text"/>
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Signature (Owner or Authorized Person)	Date	Address of person preparing if (other than taxpayer)	Date

LST SCHEDULE A – EMPLOYEE LIST

USE THIS FORM OR PROVIDE EQUIVALENT EMPLOYEE ROSTER CONTAINING THE SAME INFORMATION

(Attach additional pages if needed)

#	(A) EMPLOYEE NAME <small>(include owners, general partners, and self-employed individuals)</small>	(B) Pay Period <small>(W,B,S,M,N,C) *</small>	(C) Tax Amount Due Per Pay Period <small>W = \$1, B = \$2, S = \$2.16, M = \$4.33, N = \$52</small>	(D) Number of Pay Periods in Quarter <small>(If (C) = "N" then enter 1)</small>	(E) LST Due <small>(C) X (D)</small>	(F) Exemption Filed <small>(Y or N)</small>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
AMOUNT TO BE REMITTED TO TOWNSHIP (Add amounts in Column E)						
Carry this amount to LINE 2 on other side						

* Column C - EMPLOYEE PAY PERIODS – (W) = Weekly, (B) = Bi-Weekly, (S) = Semi-monthly, (M) = Monthly (N) = Irregular or No established payroll period. (C) Catch up payments for employees who previously claimed exempt status. Skip columns (C) and (D) and enter amount in Column E

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