

801 Loch Alsh Avenue  
Fort Washington, PA 19034-1697  
Phone: (215) 643-1600  
Fax (215) 542-0797

# UPPER DUBLIN TOWNSHIP

## Finance Department

[www.upperdublin.net](http://www.upperdublin.net)



801 Loch Alsh Avenue Fort Washington, PA 19034-1697 Phone: (215) 643-1600 Fax: (215) 542-0797	<b>UPPER DUBLIN TOWNSHIP</b> <b>Local Services Tax</b> (Employer Payment Form)	Enter Tax Year Here
EIN: _____	Number of Employees: _____	
Name: _____	Tax Due: _____	
Address: _____	Adjustments: _____	
<b>*** Employee distribution list MUST be attached ***</b>		Payment Enclosed: \$ <input style="width: 100px; height: 20px;" type="text"/>
<small>LST payments CANNOT be combined with EIT payments. Please make checks payable to: UDT Finance Department; 801 Loch Alsh Avenue; Fort Washington, Pa 19034-1697</small>		Check Number: _____

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<u>Employer Records for Tax Year</u> _____	<u>Date Mailed</u>	<u>Tax Paid</u>
1st Quarter	_____	_____
2nd Quarter	_____	_____
3rd Quarter	_____	_____
4th Quarter	_____	_____
Total	_____	_____

**Instructions**

As an employer, you are required to deduct \$52 from the wages of ALL employees engaged in an occupation within Upper Dublin Township whose total earned income and net profits from all sources within the political subdivision is more than \$12,000 annually. Each person subject to the Upper Dublin Local Services Tax shall be assessed a pro rata share of the tax for each payroll period in which the person is engaging in an occupation. Employer collection shall be made on a payroll period basis for each payroll period.

**PHILADELPHIA RESIDENTS ARE REQUIRED TO PAY THIS TAX.** Employers may exempt any person from the Local Services Tax provided the total earned income and net profits from all sources within the political subdivision is less than \$12,000 for the calendar year to qualify for an exemption. An annual upfront exemption certificate must be completed by the employee and submitted to the employer and to the Upper Dublin Tax Office. REMITTANCE OF THIS TAX MUST BE ACCOMPANIED AN EMPLOYEE DISTRIBUTION LIST including the employee's name, SSN, &, amount of tax withheld.

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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