

**LOCAL SERVICES TAX**  
**TOWNSHIP OF HAMPTON**

**MAKE CHECK PAYABLE  
and RETURN TO**

OFFICE HOURS: 8:00 AM TO 4:30 PM  
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.

Jan. 1 - Mar. 31  
**DUE APR. 30**

2.

Apr. 1 - Jun. 30  
**DUE JUL. 31**

3.

Jul. 1 - Sept. 30  
**DUE OCT. 31**

4.

Oct. 1 - Dec. 31  
**DUE JAN 31**

**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.**