

Franklin County Area Tax Bureau
 443 Stanley Avenue
 Chambersburg, PA 17201-3600
 Telephone: 717-263-5141 Ext. 25

Annual Reconciliation of Earned Income Tax (EIT) and Local Services Tax (LST)

Name and Address _____

Tax Year: _____

Due: _____

EIN: _____

		EIT	LST**
1	Number of W-2 forms enclosed		
2	Total Amount of EIT withheld Total EIT reported in Box 19 " Local Income Tax " of enclosed W-2's (Attach Calculator Tape)		
3	<input type="checkbox"/> LST Exemption listing enclosed (Form LST-E) <small>Available on our web site: WWW.FCATB.ORG</small>		
	Total Amount of LST withheld How are you reporting the total LST withholdings? (Check one)		
	<input type="checkbox"/> LST reported in Box 14 " Other " of enclosed W-2's (Attach Calculator Tape)		
	<input type="checkbox"/> LST reported on enclosed listing		
4	Quarter 1 Payment(s) – Ending March 31		
5	Quarter 2 Payment(s) – Ending June 30		
6	Quarter 3 Payment(s) – Ending September 30		
7	Quarter 4 Payment(s) – Ending December 31		
8	Total Quarterly Payments (Add lines 4, 5, 6, and 7)		
9	If Line 8 EIT is greater than Line 2 EIT EIT Refund Due (Subtract Line 2 from Line 8)		
10	If Line 2 EIT is greater than Line 8 EIT EIT Balance Due (Subtract Line 8 from Line 2)		
11	If Line 8 LST is greater than Line 3 LST LST Refund Due (Subtract Line 3 from Line 8)		
12	If Line 3 LST is greater than Line 8 LST LST Balance Due (Subtract Line 8 from Line 3)		
Remit a check for any Balance Due on Line 10 and/or 12. You may reduce any Balance Due for one tax by the amount of any Refund Due for the other tax.			

**** LST (Local Services Tax) only applies to your employees working in jurisdictions that levy the LST. Refer to our Employer Instructions for a list of jurisdictions that levy the LST.**

Signature: _____ Date: _____

Print Name & Title: _____

Telephone: _____ Email: _____