

**LOCAL SERVICES TAX RETURN
TOWNSHIP OF SPRINGFIELD, DELAWARE COUNTY**

Year 2010

PAYABLE TO:LST COLLECTOR, TOWNSHIP OF SPRINGFIELD 50 POWELL ROAD, SPRINGFIELD, PA 19064 I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT AUTORIZED SIGNATURE _____ TITLE _____ DATE _____	1. TOTAL NUMBER OF PERSONS REPORTED		
	2. GROSS AMOUNT OF TAX (LINE 1 x \$1.00 PER WEEK PER EMPLOYEE)		
	3. PENALTY (5%) + INTEREST (6%) IF APPLICABLE		
	4. TOTAL-INCLUDING ANY PENALTY AND INTEREST DUE		
	ACCT#	REMINDER-SIGN THIS FORM	
BUSINESS NAME:	NOTE: FORM#SP1 MUST BE FILED EACH QUARTER <u>FOR THE QUARTER ENDING</u> 03/31/2010 DUE ON OR BEFORE 04/30/2010		
FORM SP-1 As an employer in Springfield Twp. , you are required to deduct the \$1.00 per week LST from each employee per week out of their paychecks. Computer Printouts or typewritten sheets with name, address, Soc. Sec. No. of employees should accompany this form.			

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	ACCT#	REMINDER-SIGN THIS FORM	
BUSINESS NAME:	NOTE: FORM#SP1 MUST BE FILED EACH QUARTER <u>FOR THE QUARTER ENDING</u> 06/30/2010 DUE ON OR BEFORE 07/31/2010		
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	ACCT#	REMINDER-SIGN THIS FORM	
BUSINESS NAME:	NOTE: FORM#SP1 MUST BE FILED EACH QUARTER <u>FOR THE QUARTER ENDING</u> 09/30/2010 DUE ON OR BEFORE 10/31/2010		
FORM SP-1 As an employer in Springfield Twp. , you are required to deduct the \$1.00 per week LST from each employee per week out of their paychecks. Computer Printouts or typewritten sheets with name, address, Soc. Sec. No. of employees should accompany this form.			

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	ACCT#	REMINDER-SIGN THIS FORM	
BUSINESS NAME:	NOTE: FORM#SP1 MUST BE FILED EACH QUARTER <u>FOR THE QUARTER ENDING</u> 12/31/2010 DUE ON OR BEFORE 01/31/2010		
FORM SP-1 As an employer in Springfield Twp. , you are required to deduct the \$1.00 per week LST from each employee per week out of their paychecks. Computer Printouts or typewritten sheets with name, address, Soc. Sec. No. of employees should accompany this form.			