

FORM LST 1 EMPLOYER'S RETURN - CALENDAR YEAR 20____

Payable to:

BALD EAGLE TOWNSHIP
473 SUGAR RUN RD
BEECH CREEK, PA 16822
570-726-6038 taxcollector@baldeagletownship.com

LEVIED BY BALD EAGLE TOWNSHIP	
NUMBER OF EMPLOYEES	
TAX PAYMENT	\$

For Quarter Ending: **March 31** **1st Quarter**
Due on Or Before: **April 30**

Preparer Signature _____

I Declare Under Penalty of Law That The Information Herein Contained is True and Correct

(Please provide an employee listing with this quarterly form)

Date Filed _____

\$47.00 Bald Eagle Township
\$5.00 Keystone Central School District

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NUMBER OF EMPLOYEES	
TAX PAYMENT	\$

For Quarter Ending: **June 30** **2nd Quarter**
Due on Or Before: **July 31**

Preparer Signature _____

I Declare Under Penalty of Law That The Information Herein Contained is True and Correct

(Please provide an employee listing with this quarterly form)

Date Filed _____

\$47.00 Bald Eagle Township
\$5.00 Keystone Central School District

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TAX PAYMENT	\$

For Quarter Ending: **September 30** **3rd Quarter**
Due on Or Before: **October 31**

Preparer Signature _____

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Date Filed _____

\$47.00 Bald Eagle Township
\$5.00 Keystone Central School District

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NUMBER OF EMPLOYEES	
TAX PAYMENT	\$

For Quarter Ending: **December 31** **4th Quarter**
Due on Or Before: **January 31**

Preparer Signature _____

I Declare Under Penalty of Law That The Information Herein Contained is True and Correct

(Please provide an employee listing with this quarterly form)

Date Filed _____

\$47.00 Bald Eagle Township
\$5.00 Keystone Central School District