

Form: LST-2 Please make three copies of this form.

Employer's Name & Account #

Employee's Name- Address- SS #

LOCAL SERVICES TAX

Tax Year _____
Amount WH _____

Employee's Evidence of
Deduction Certificate

Unity Twp Tax Office
152 Beatty County RD
Latrobe PA 15650

Send one copy to Tax Office
Keep one copy for Employer
Give one copy to Employee

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