



**FORM LST-2**

**LOCAL SERVICES TAX  
DEDUCTION CERTIFICATE**

**UPPER MERION TOWNSHIP**

175 W. VALLEY FORGE RD.  
KING OF PRUSSIA, PA 19406  
ATTN: BUSINESS TAX OFFICE  
PHONE: (610) 265-2600  
FAX: (610) 265-0482  
www.umtownship.org

**TAX YEAR  
2008**

**LST AMOUNT \$52.00**

**LST AMOUNT \$52.00**

**INSTRUCTIONS**

COMPLETE THIS FORM SHOWING EMPLOYER'S AND EMPLOYEE'S NAME AND ADDRESS.  
(THIS INCLUDES SELF-EMPLOYED, OWNERS, PARTNERS, ETC.)

**SEND WHITE COPY TO: UPPER MERION TOWNSHIP / SEND YELLOW COPY TO: EMPLOYEE, OWNER OR PARTNER**

**NAME AND ADDRESS OF EMPLOYER**  
(PLEASE TYPE OR PRINT)

**EMPLOYEE'S NAME, ADDRESS, SOCIAL SEC. NO.**  
(PLEASE TYPE OR PRINT)

LICENSE #:

SOCIAL SECURITY #:

**FORM LST-2**

**LOCAL SERVICES TAX  
DEDUCTION CERTIFICATE**

**UPPER MERION TOWNSHIP**

175 W. VALLEY FORGE RD.  
KING OF PRUSSIA, PA 19406  
ATTN: BUSINESS TAX OFFICE  
PHONE: (610) 265-2600  
FAX: (610) 265-0482  
www.umtownship.org

**TAX YEAR  
2008**

**LST AMOUNT \$52.00**

**LST AMOUNT \$52.00**

**INSTRUCTIONS**

COMPLETE THIS FORM SHOWING EMPLOYER'S AND EMPLOYEE'S NAME AND ADDRESS.  
(THIS INCLUDES SELF-EMPLOYED, OWNERS, PARTNERS, ETC.)

**SEND WHITE COPY TO: UPPER MERION TOWNSHIP / SEND YELLOW COPY TO: EMPLOYEE, OWNER OR PARTNER**

**NAME AND ADDRESS OF EMPLOYER**  
(PLEASE TYPE OR PRINT)

**EMPLOYEE'S NAME, ADDRESS, SOCIAL SEC. NO.**  
(PLEASE TYPE OR PRINT)

LICENSE #:

SOCIAL SECURITY #:

**FORM LST-2**

**LOCAL SERVICES TAX  
DEDUCTION CERTIFICATE**

**UPPER MERION TOWNSHIP**

175 W. VALLEY FORGE RD.  
KING OF PRUSSIA, PA 19406  
ATTN: BUSINESS TAX OFFICE  
PHONE: (610) 265-2600  
FAX: (610) 265-0482  
www.umtownship.org

**TAX YEAR  
2008**

**LST AMOUNT \$52.00**

**LST AMOUNT \$52.00**

**INSTRUCTIONS**

COMPLETE THIS FORM SHOWING EMPLOYER'S AND EMPLOYEE'S NAME AND ADDRESS.  
(THIS INCLUDES SELF-EMPLOYED, OWNERS, PARTNERS, ETC.)

**SEND WHITE COPY TO: UPPER MERION TOWNSHIP / SEND YELLOW COPY TO: EMPLOYEE, OWNER OR PARTNER**

**NAME AND ADDRESS OF EMPLOYER**  
(PLEASE TYPE OR PRINT)

**EMPLOYEE'S NAME, ADDRESS, SOCIAL SEC. NO.**  
(PLEASE TYPE OR PRINT)

LICENSE #:

SOCIAL SECURITY #: