

CFD

PERSONAL RETURN – EMPLOYEE ONLY
CITY OF PITTSBURGH

Rev 09/18

FOR PROPER CREDIT
SOCIAL SECURITY NUMBER MUST BE ENTERED IN BOX BELOW

CITY ID	SOCIAL SECURITY #
TAX PERIOD	QUARTER

Due on or before

Amended Return ()	Tax Return No Longer Needed ()
SIGNATURE _____	
TITLE _____	DATE _____
PHONE _____	
E-MAIL ADDRESS _____	
PREPARER'S NAME _____	
PREPARER'S PHONE _____	
<small>I hereby certify, swear and aver that all statements herein are true and correct to the best of my knowledge and belief, being duly apprised of my duty under the law to submit honest and complete information or be subject to the penalties provided by law.</small>	
OMISSION OF THE ABOVE APPLICABLE INFORMATION CONSTITUTES AN INCOMPLETE RETURN	

Make name/address corrections above
USE BLACK INK ONLY ON THIS FORM

LOCAL SERVICES TAX IS \$52.00 PER YEAR - \$13.00 PER QUARTER	
1. LOCAL SERVICES TAX	
2. INTEREST AND PENALTY PER MONTH 1.5% TOTAL (If applicable) Interest per month 1% (0.01) Penalty per month 0.5% (0.005)	
3. TOTAL PAYMENT – Add lines 1 & 2	

Make check payable to: **TREASURER, CITY OF PITTSBURGH – DO NOT SEND CASH**
 Mail to: **CITY TREASURER LS-3 – 414 GRANT ST – PITTSBURGH PA 15219-2476**
 A **\$30.00** fee will be assessed for any check returned from the bank for any reason.

If you are employed within the City of Pittsburgh and your employer is **NOT** required or **WILL NOT** withhold the Local Services Tax, and you expect to make over \$12,000 in the City of Pittsburgh this year, you are required to pay the tax yourself using this form. Failure to file will result in the imposition of a penalty and interest charge.

You should pay **\$13 per quarter** for a total of \$52. First quarter, January, February & March return due April 30. Second Quarter, April, May & June return due July 31. Third quarter, July, August & September return due October 31. Fourth quarter, October, November & December return due January 31.

Local Services Tax is \$52.00 per person, per year, payable quarterly. Pennsylvania law limits total payment by one person to a maximum of \$52.00 per year regardless of the number of employers in a year. For information call **412-255-2510**.

IF THIS FORM IS NO LONGER NEEDED, PLEASE COMPLETE THE FOLLOWING

- A. My employer is deducting the tax.
 EMPLOYER _____ PAYROLL CONTACT PERSON _____
 ADDRESS _____ PHONE _____
- B. My occupation is performed outside the City limits in (Municipality) _____