****MAKE COPIES****
KEEP A MASTER COPY

City of Meadville Earned Income Tax
Quarterly LST Tax Withheld Report

Tax Year:_____ ☐ 1st Qtr - ☐ 2nd - Qtr ☐ 3rd - Qtr ☐ - 4th Qtr

Employer Name: _____Employer ID: _____

Social Security #	Name (Last, First MI.)	Address	Address 2	City	State	Zip	Quarterly LST Withheld	Date of Hire For New Employees ONLY