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

West Mead 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
						Total Local Services Tax Withheld	