

Form AT-LST 2

2019 Allen Township  
Local Services Tax

Employee's Evidence of Deduction  
Certificate or Receipt

Complete this form showing employee's name, correct home address, and social security number, and employer's name and address.

1. Give original to Employee as evidence of deduction.
2. Photocopy for your records if you choose.

**Deducted Amount \$**

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Employer's Name & Address	Employee's Name & Address	Social Security No.
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