

Form AT-LST 2

2024 Allen Township  
Local Services Tax

Employee's Evidence of Deduction  
Certificate or Receipt

Complete this form showing the employee's name, correct home address, 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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