LST- 2020
Quarter ending _____

Borough of Leetsdale

Company Name _____

Local address _____

Phone No. _____Name of person filing this report _____

Parent Company _____

Corporate Address _____

NOTE: Report all employees including exemptions. In lieu of using this form, you may submit a computer printout as long as it includes all of the information requested. PLEASE ATTACH ALL EXEMPTION FORMS FILED.

EMPLOYEE	ADDRESS	HIRE DATE	AMOUNT DEDUCTED