Tri-State Financial Group

Form KEY-LS-2

To be attached to your quarterly return

List all individuals from whom local services tax was withheld.
(See Instructions on back of KEY-LS-1.)

Name	Address	SS#	Amount
		TOTAL	

Employer's Name _____

Address _____

City _____ State _____ Zip _____

(This form may be substituted by a computer generated listing or like attachment.)