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
			<u> </u>
		TOTAL	
Employer's Name			
Employer o name			
Address		_	
City	State Zip		

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