

Local Services Tax

Exemption Application

- File this application for exemption from the Local Services Tax (LST), along with all necessary supporting documents with the taxing jurisdiction where you are employed, and provide a copy of this application to your employer.
- Sign and date this application (complete pages 1 and 2).

Tax Year _____

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

City/State: _____ Zip Code: _____

No exemption will be approved until proper supporting documents are filed

Reason for exemption (check all that apply)

MULTIPLE EMPLOYERS: Attach a copy of your current pay statement from each employer. Statement must show the **name of the employer, the length of the payroll period, the amount of Local Services Tax withheld and total earnings.** List all employers on page 2 of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**

EXPECTED OR ANTICIPATED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES within _____ (municipality and/or school district) will be **LESS THAN \$ _____**. Attach copies of your current or final pay statement(s) from employer(s). You may also attach a copy of the prior year's W-2.

If you are self employed, attach a copy of your most recent PA Schedule C, F, or RK-1.

ACTIVE DUTY MILITARY EXEMPTION: Attach a copy of your military orders directing you to active status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active-duty status.

MILITARY DISABILITY EXEMPTION: Attach a copy of your military discharge orders and a statement from the United States Veterans Administration or the Department of Veterans Affairs documenting your qualifying total disability.

EMPLOYER: If the employee qualifies for this exemption, employer shall not withhold the Local Services Tax for the portion of the calendar year for which this application applies, unless employer is otherwise notified or instructed by the tax collector to withhold the tax.

IMPORTANT NOTICE TO EMPLOYERS

1. The municipality will exempt from the LST employees whose earned income from all sources (wage and self-employment) in their municipality is less than \$12,000 when the tax rate exceeds \$10.
2. The school district in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption may differ from the municipality's income exemption, with income amount ranging from \$0 to \$11,999.
3. Contact the tax office servicing your business worksite(s) to obtain information regarding municipal and school district tax rates and exemption requirements.

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Page 2

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER in column 1 below and any secondary employers in the other columns. If self employed, write SELF in the Employer Name field.

	1.Primary Employer	2.	3.
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

Under penalties of perjury, I declare that I have examined this information, including all accompanying documentation and statements and to the best of my belief, they are true, correct and complete.

SIGNATURE: _____

DATE: _____