

# LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year \_\_\_\_\_

## APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- ¾ A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND the political subdivision levying the Local Services Tax where you are employed.
- ¾ This application for exemption from the Local Services Tax must be signed and dated.
- ¾ No exemption will be approved until proper documentation has been received.

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REASON FOR EXEMPTION

1. \_\_\_\_\_ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from H D F K H P S O R shows the name of the employer, the length of the payroll period the amount of / R F D O 6 Tax withheld D Q G W R W D O H D y e s L o n t h e r e v e n u e s i d e o f t h i s f o r m . Y o u m u s t Q R W L I \ your other employers of a change in principal place of employment within two week R I W K H change.
2. \_\_\_\_\_ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN \_\_\_\_\_ (municipality or school district) WILL BE LESS THAN \$ \_\_\_\_\_: Attach copies of your last pay statement s R U your W-2 for the U H e a r H Y D Q W

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

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    |  |  |  |

PLEASE NOTE:

All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHEPENALTY OF LAW THAT