

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

SEND ALL DOCUMENTS TO:
DOROTHY R WHITE, TAX COLLECTOR
LOYALSOCK TAX OFFICE
2132 Northway Road
Williamsport, PA 17701
570-601-1212

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX FOR YEAR _____

- A copy of this application for EXEMPTION of the Local Services Tax (LST) and all necessary supporting documents, must be completed and presented to your employer AND to the Tax Office charged with collecting the Local Services Tax where you are principally employed.
- This application for an exemption of the Local Services Tax MUST be signed and dated.
- NO EXEMPTION WILL BE APPROVED UNTIL PROPER DOCUMENTS HAVE BEEN RECEIVED.

(PLEASE PRINT)

NAME _____ SOC SEC # _____

ADDRESS _____ DAY PHONE # _____

CITY/STATE _____ ZIP _____

1. _____ **Multiple Employers:** *Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on reverse side of this form .You must notify your other employers of a change in principal place of employment within two weeks of the change.*
2. _____ **Expected Total Earned Income (including tips) and net profits from all sources within Loyalsock Township WILL BE LESS THAN \$12,000 for the tax year.** *(Attach copies of your last pay statements or your W-2 for the year prior.*

If you are self-employed, attach a copy of your PA Schedule C,F,or RK-1 for the prior year.

3. _____ **Active Duty Military Exemption:** *Attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.*
4. _____ **Military Disability Exemption:** *Attach a copy of your discharge orders and a statement from the United States Veterans Administration documenting your disability. Only 100 % permanent disabilities are recognized for this exemption.*

Employer: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the Tax Collector to withhold the tax.

I declare under penalty of law that all statements made and documents submitted herein are true and correct to the best of my knowledge and belief.

Taxpayer Signature _____ Date _____

Exemption certificate and required supporting documents shall be mailed to the Loyalsock Tax Office at the address shown above, Attn. Dorothy R White, Tax Collector.

Questions ?? Call 570-601-1212

THIS FORM MAY BE COPIED

LST EXEMPTION 1-09

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.

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

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

PLEASE NOTE:

All information received by the Tax Collector is **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 ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____