

OLD LYCOMING TOWNSHIP - LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- 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 to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____ Soc Sec #: _____

Address: _____ Phone #: _____

City/State: _____ Zip: _____

REASON FOR EXEMPTION: (Check all that apply)

_____ **Multiple Employers:** Please attach a copy of a current pay stub from your primary employer that shows the name of the employer, dates of pay period, and the amount of Local Service Tax withheld. Please include all employers.

_____ **Primary employer is in another township/borough/city.** Please attach a copy of a current pay stub from your primary employer that shows the name of the employer, dates of pay period, and the amount of Local Service Tax withheld.

_____ **Total earned income and net profits from all sources Is less than \$12,000.00.** Please attach a copy of ALL W2 forms and ALL employers, a paystub or statement from all employers and a copy of your Federal/State income tax.

List all places of employment for the tax year. Please list your PRIMARY EMPLOYER first

Primary Employer Name: _____

Address: _____

Municipality: _____ Phone: _____

Start Date: _____ End Date(if applicable) _____

Status: FT, PT, Other Explain _____

Gross Earning: _____

Secondary Employer Name: _____

Address: _____

Municipality: _____ Phone: _____

Start Date: _____ End Date(if Applicable) _____

Status: FT, PT, Other Explain _____

Gross Earning: _____

Additional Employer Name: _____

Address: _____

Municipality: _____ Phone: _____

Start Date: _____ End Date(if Applicable) _____

Status: FT, PT, Other Explain _____

Gross Earning: _____

I understand that the information given above is true and correct, and if false information is given I can be subject to the penalties in accordance with the Old Lycoming Township Ordinance 272, as amended.

Signature: _____ Date: _____