LOCAL	SERVICES TAX – EXE MPTION CERTIFICATE
	 Tax Year

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- ³/₄ A copy of this application for exemption from the Local Services Tax (LST), and all samples and presented to your employer ANDetpolitical subdivision levying the Local Services Tax where you are employed.
- 3/4 This application for exemption from the Locativices Tax must be signed and dated.
- 3/4 No exemption will be approved until proper documentation has been received.

Name:	Soc Sec #:
	Phone <u>#:</u>
	Zip:
	REASON FOR EXEMPTION
1	MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from HDFK HPSOR shows the name of the employer, the length of the payroll period the amount of /RFDO 6 Tax withheld DQG WRWDO HDoby @slo@ the reverse side of this formou must QRWLI\ your other employers of a change in principal place of employment within two week RIWKH 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 Heart Y D Q W 100% permanent disabilities are recognized for this exemption.
	EMPLOYER: Once you receive this Exemption Certificate you shall not withhold the Local Se portion of the calendar year for which this certificate applies, unless you are otherwise notifie tax collector to withhold the tax.
	Tax Office: Address: Phone #: City/State: Zip:

IMPORTANT NOTE TO EMPLOYERS

- 1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
- 2. The school district for the municipality in which your work(sit)eis located may or may not levy an LST. If it does, the income exemption provided may differ the municipality and can be anywhere from \$0 to \$11,999.
- 3. Contact the tax office where your business witelssare located to obtain this information.

Employment Information: List all pl aces of employment for the appliable 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.

3.

1. PRIMARY EMPLOYER 2.

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	4.	5.	6.
Employer Name Address	4.	5.	6.
Employer Name	4.	5.	6.
Employer Name Address	4.	5.	6.
Employer Name Address Address 2	4.	5.	6.
Employer Name Address Address 2 City, State Zip	4.	5.	6.
Employer Name Address Address 2 City, State Zip Municipality	4.	5.	6.
Employer Name Address Address 2 City, State Zip Municipality Phone	4.	5.	6.
Employer Name Address Address 2 City, State Zip Municipality Phone Start Date	4.	5.	6.

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