

## Local Services Tax Exemption Certificate Instructions

### Do I need to complete this form?

No, the Local Services Tax (LST) Exemption Certificate form is an **OPTIONAL** form.

### What is the purpose of this form?

This form should be completed if you expect to receive earned income and net profits of less than \$12,000 from all sources within the political subdivision for the calendar year for which the exemption certificate is filed.

If you elect to complete this form, you should include a copy of your last pay stub or W-2 forms from employment within the political subdivision for the year prior to the calendar year for which you are requesting an exemption.

### What if I work for two employers?

If you work for two employers LST should only be withheld from your principal employer. Your principal employer, your primary job (full-time), or your main income source closest to his or her residence.

If LST is already being withheld by a principal employer, please provide a current pay statement from your principal employer the length of the payroll period and the amount of Local Services Taxes withheld. Also, please list all employers on the second page of this form.

This information can also be found at the PA Department of Community & Economic Development.

**If you have any questions, please contact customer service at 1-877-908-1750.**

**LOCAL SERVICES TAX - REFUND APPLICATION**

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

**APPLICATION FOR REFUND FROM LOCAL SERVICES TAX**

➤ A copy of this application for a refund of the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to the tax office charged with collecting the Local Services Tax.

➤ This application for a refund of the Local Services Tax must be signed and dated.

➤ **No refund will be approved until proper documents have been received.**

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

**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. |
|----------------------|---------------------|----|----|
| 1. Employer Name     |                     |    |    |
| 2. Address           |                     |    |    |
| 3. Address 2         |                     |    |    |
| 4. City, State Zip   |                     |    |    |
| 5. Municipality      |                     |    |    |
| 6. Phone             |                     |    |    |
| 7. Start Date        |                     |    |    |
| 8. End Date          |                     |    |    |
| 9. Status (FT or PT) |                     |    |    |
| 10. Gross Earnings   |                     |    |    |

  

|                      | 4. | 5. | 6. |
|----------------------|----|----|----|
| 1. Employer Name     |    |    |    |
| 2. Address           |    |    |    |
| 3. Address 2         |    |    |    |
| 4. City, State Zip   |    |    |    |
| 5. Municipality      |    |    |    |
| 6. Phone             |    |    |    |
| 7. Start Date        |    |    |    |
| 8. End Date          |    |    |    |
| 9. Status (FT or PT) |    |    |    |
| 10. Gross Earnings   |    |    |    |

Tax Of Address City/State \_\_\_\_\_

**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 ATTACHED TO THIS FORM IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_