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# LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

**Radnor Township**
**P.O. Box 155**
**Wayne, PA 19087**
**Phone (610)688-5600 Fax (610) 688-1279**
**www.radnor.com**

## 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

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 the 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 AND NET PROFITS FROM ALL SOURCES WITHIN **Radnor Township** WILL BE LESS THAN $12,000: Attach copies of your last pay statements or your W-2 for the year prior.
_____ If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3._____ ACTIVE DUTY MILITARY EXEMPTION: Please 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: Please attach 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.

**I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:**

**SIGNATURE _____ DATE _____**

**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.**

**William F. Martin, Assistant Director of Finance**
**Radnor Township**
**P.O. Box 155, Wayne, Pa 19087**
**Phone: 610-688-5600 Fax: 610-688-1279**

**EMPLOYER and EMPLOYEES: With questions, please contact at the above phone number William Martin ext 152, or Lesley Wilson ext 176. You may also come in person to the Township building located at 301 Iven Avenue, Wayne Pa 19087.**

## 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 worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from $0 to $11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

**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.**