

LOCAL SERVICES TAX EXEMPTION APPLICATION



File completed application with your employer

DO NOT USE THIS FORM TO REQUEST A REFUND

[Click here to download LST Refund Application](#)

Name	_____	Tax Year	_____
Address	_____	SSN	_____
City/State	_____	Phone	_____
Zip	_____		

Reason for Exemption (check all that apply)

- Multiple Employers** *List all employers on page 2 of this form*
Provide employer information on reverse side. Attach a copy of your final pay statement from each employer. Each statement must show:
- Name of employer
 - Length of payroll period
 - Amount of Local Services Tax withheld
 - Total earnings
- Notify employers of a change in principal place of employment within two weeks of the change**
- Income Exemption**
Annual income _____
Income exemption for Local Services Tax is \$12,000 or less from all sources of earned income and net profits, when the LST tax rate exceeds \$10 per year. Attach copy(s) of final pay statement(s) from employer(s). You may also attach a copy of your prior year W-2(s).
- Military (Active Duty or Disabled)**
- *If you are Active-Duty military, attach copy of orders. Annual training is not eligible for exemption from LST.*
 - *If you are disabled, attach a copy of your military discharge orders and a statement from the Department of Veterans' Affairs documenting your qualifying disability.*
- Clergy**

INSTRUCTIONS FOR EMPLOYERS

1. If the employee qualifies for this exemption, do not withhold the Local Services Tax from payroll.
2. Employees earning less than \$12,000 in earned income from all sources are exempt from the municipal portion of the Local Services Tax when the tax rate exceeds \$10.
3. The school district in which your business is located may or may not levy the Local Services Tax. If it does, the income exemption may differ from the municipal exemption.
4. Contact the Tax Officer at www.KeystoneCollects.com for additional information regarding the Local Services Tax.

LOCAL SERVICES TAX EXEMPTION APPLICATION – PAGE 2



EMPLOYMENT INFORMATION

1. List all places of employment for the applicable tax year.
2. List your **PRIMARY EMPLOYER** in column 1 (below) and any secondary employers in the other columns.
3. If you are self-employed, write SELF in the Employer Name field.

1. Primary Employer

2.

3.

Employer Name			
Address			
Address 2			
City/State/Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Gross Earnings			

4.

5.

6.

Employer Name			
Address			
Address 2			
City/State/Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Gross Earnings			

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I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and audit at any time.

Signature of Applicant

Date