

# Local Services Tax



## Exemption Application

- > File this application for exemption from the Local Services Tax (LST), along with all necessary supporting documents to your employer.
- > Sign and date this application (complete pages 1 and 2).
- > If you think that you will earn more than 12,000 for the calendar year it is best to have the tax withheld then file for a refund.

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**No exemption will be approved until proper supporting documents are filed**

***Reason for exemption (check all that apply)***

**MULTIPLE EMPLOYERS:** *Attach a copy of your current pay statement from each employer. Statement must show the name of the employer, the length of the payroll period, the amount of Local Services Tax withheld and total earnings. List all employers on page 2 of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.*

**EXPECTED OR ANTICIPATED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES** within Radnor Township (municipality and/or school district) will be **LESS THAN \$12,000.** *Attach copies of your current or final pay statement(s) from employer(s). You may also attach a copy of your prior year's W-2.*

*If you are self employed, attach a copy of your most recent PA Schedule C, F, or RK-1.*

**ACTIVE DUTY MILITARY EXEMPTION:** *Attach a copy of your military orders directing you to active status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active-duty status.*

**MILITARY DISABILITY EXEMPTION:** *Attach a copy of your military discharge orders and a statement from the United States Veterans Administration or the Department of Veterans Affairs documenting your qualifying total disability.*

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Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER in column 1 below and any secondary employers in the other columns. If self employed, write SELF in the Employer Name field.

	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			

Under penalties of perjury, I declare that I have examined this information, including all accompanying documentation and statements and to the best of my belief, they are true, correct and complete.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_