APPLICATION FOR EXEMPTION FROM THE LOCAL SERVICES TAX (LST)

Tax Year:

Municipality:
School District:

For use with Taxing Jurisdictions where LST is collected by the Franklin County Area Tax Bureau (FCATB) (rev Mar 2013)

If you're requesting an exemption from the LST for an occupation thru an employer, YOU must file this completed

> If you're requesting an exemption from the LST for a <u>self-employment occupation</u>, or your employer is not required to withhold the LST, YOU must file this completed application and any required attachments **with the Tax Bureau**.

I am requesting an exemption from the following LST:

application and any required attachments with YOUR EMPLOYER.

The **TAXPAYER MUST SIGN AND DATE** this application for exemption from the LST.

lec. No:	Phone:	IF EMPLOYED THRU AN EMPLOYER:				
oyee Name:		Employer EIN:				
Address:		Employer Name:				
tate/Zip:		Store No./Location:				
	REASON FOR EX	EMPTION				
e the number of the exemption	on reason below and provide	e the information requested:				
MULTIPLE CONCURRENT 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.						
LOW-INCOME EXEMPTION: Expected total earned income and net profits from all sources within the municipalit and/or school district indicated above will be less than \$12,000.00. You must attach any immediate prior year copies your last pay statements or your W-2 forms. If you are self-employed, you must attach any immediate prior year copie of your PA Schedule C, F, or RK-1 for occupations in the taxing jurisdiction(s) for which you're requesting this exemption. You must notify your employer and the tax bureau immediately if you have received this up-front exemption and then realize your income in going to be \$12,000.00 or greater. All tax not paid as a result of the						
ACTIVE DUTY MILITARY EXEMPTION: Attach a copy of your orders directing you to active duty status. Annu training is not eligible for exemption. You are required to advise the tax office when you are discharged from active						
		copy of your discharge orders and a statement from the sability. Only 100% permanent disabilities are recognized for				
on of the calendar year for which has changed, or you are instructed of the exemption certifical LARE UNDER PENALTY OF ITS TRUE, CORRECT AND CORRECT A	ich this certificate applies; unlucted by the tax bureau that the and the documentation of the LAW THAT ALL THE INFORMOMPLETE:	less you are notified or determine that the employee's ne exemption is invalid. Send a copy (front and requested above to the tax bureau. MATION STATED ON AND SUBMITTED WITH THIS				
	e the number of the exemption MULTIPLE CONCURRENT employer that shows the nary that shows the nary that withheld. List all employer that shows the nary that withheld. List all employer that shows the nary that withheld. List all employer that shows the nary that withheld. List all employer that shows the nary that withheld. List all employer that shows the nary that withheld with the control of the exemption of the exemption of the calendar year for whith the calendar year	e the number of the exemption reason below and provided MULTIPLE CONCURRENT EMPLOYERS: Attach a employer that shows the name of the employer, the length Tax withheld. List all employers on the reverse side of the change in principal place of employment within two will be less than \$12,0 your last pay statements or your W-2 forms. If you are self-of your PA Schedule C, F, or RK-1 for occupations in the tax exemption. You must notify your employer and the tax bur exemption and then realize your income in going to be \$12, exemption would be due immediately and "catch-up" withh ACTIVE DUTY MILITARY EXEMPTION: Attach a copy training is not eligible for exemption. You are required to act duty status. MILITARY DISABILITY EXEMPTION: Please attach a copy training your disable to the provided states of the company of the provided states attach and the provided stat				

CONCURRENT EMPLOYER INFORMATION – List all places of employment for the applicable tax year. List your PRIMARY EMPLOYER under # 1 below and your secondary employers under the other columns. If self-employed, enter SELF in the "Employer Name".

	1. Primary Employer	2.	3.
Employer Name			
Street Address 1			
Street Address 2			
City, State & Zip Code			
Municipality			
Phone			
Start Date			
Status (Full or P-Time)			
Expected Earnings			
			•
	4.	5.	6.
Employer Name			
Street Address 1			
Street Address 2			
City, State & Zip Code			
Municipality			
Phone			
Start Date			
Status (Full or P-Time)			
Expected Earnings			

PLEASE NOTE:

All information received by the Tax Bureau is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

Employer Name	EIN	Tax Year

List below employees that have filed LST Exemption Certificates with you for the tax year indicated above. Include this listing with your Annual Reconciliation (Form 541). Keep the original exemption certificates on file for at least 3 years after you submit the annual reconciliation. You will be notified by the tax office if any of the certificates need to be provided to the Tax Bureau. Complete additional pages if needed.

Social Security Number	Employee Name	Exemption Reason Code

Exemption Reason Codes (Enter the code number that is circled on the Exemption Certificate):

- 1 Concurrent Employment LST being paid at primary employer
- 2 Low-Income Exemption Total Earned Income in work location PSD will be less than \$12,000.00
- 3 Active Duty Military Exemption
- 4 Military Disability Exemption
- 5 Clergy Exemption Earned Income being received from above employer is for service as a member of the clergy

Franklin County Area Tax Bureau

306 North 2nd Streeet • Chambersburg PA 17201-1613

REQUEST FOR LOCAL SERVICES TAX (LST) REFUND (Complete Non-Shaded Areas Below, Attach Documentation, Then Sign and Date)

r		mpiete i ten		laded I ii ea	is Delow, Alla	·	dinonia.		1511 4114 1		
Soc. Sec.	. No:	Tax Year: Refund Reason (Check One)									
N	ame:					D	uplicate Payme	ent(s)	Attach p	ay stubs	or receipts
				In	Income Less Than \$12,000.00 Attac Copy						
Address:					O	Other Reason: Copy of Local Tax Return *					
D. cc	1 1	1	1	. 1	1 1: 11 11: 6						
		-			d eligibility for prior year refu	-	orior to 2010.		-		
Deduction	ons: (Attacl	n documenta	t <u>io</u>	n deductior							
	Employer Na		*	Deduction	Political Subd		Amount	A	Ilocation U	non Rec	eint
* Put a "P'	' for Primary E	$mployer(s) \rightarrow$		Date	Where Empl	oyed	Deducted	Allocation Upon Receipt			J
1											
2											
3											
4					†		1				
					+		1				
5											
A				Total De	eductions & Allo	ocation:					
				and accurace	e to the best of m						
	Ta	xpayer's Signatu	ire			I	Phone			Date	
Liability	,.			**	TAX BURE	AU US	E **				
					Amount	Correct Allocation					
Employer				PSD			Due				
B Total Correct Liability and Alloca					ocation:						
Б			1	otal Collect I	Ziaointy and And	cation.					
Overpaid	d:						,				
* An amount in "Other" must be claimed from the tax office where it was paid				oaid	Amount	C)verpaymen	t Allocat	ion		
Subtract (B) Amount Totals From (A) Amount T				m . 1	Overpaid			+			
		Subtract (B) A	Amo	unt Totals Fr	om (A) Amount	Totals:					
		1									
Tax	Vendor	Refund	1	PSD Code	Comments:						
3 7		A 4		SD Couc							
Year	Code	Amount		BD Code							
Year	Code	Amount		TSD Code							