

**EXEMPTION APPLICATION  
LOCAL SERVICES TAX  
2012**

- ❖ This application for exemption and all necessary supporting documents, must be completed and presented to the South Williamsport Borough Office **AND** your employer.
- ❖ This application 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**

**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 EMPLOYERS OF A CHANGE IN PRINCIPAL PLACE OF EMPLOYMENT WITHIN TWO WEEKS OF THE CHANGE.**

**EXPECTED TOTAL EARNED INCOME LESS THAN \$12,000**

EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN THE SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT WILL BE LESS THAN \$12,000.00.

Attach copies of your last pay statements or your W-2 for the prior year.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.

**IMPORTANT NOTICE TO EMPLOYER**

Once you have received 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. The municipality is required by law to exempt 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. The school district for the municipality in which our 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. 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 and secondary employers under the other appropriate columns. If self employed, write **SELF** under Employer Name column.

	PRIMARY EMPLOYER	SECONDARY EMPLOYER
<b>Employer Name</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Municipality</b>		
<b>Phone</b>		
<b>Start Date</b>		
<b>End Date</b>		
<b>Status (FT or PT)</b>		
<b>Gross Earnings</b>		

	ADDITIONAL EMPLOYER	ADDITIONAL EMPLOYER
<b>Employer Name</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Municipality</b>		
<b>Phone</b>		
<b>Start Date</b>		
<b>End Date</b>		
<b>Status (FT or PT)</b>		
<b>Gross Earnings</b>		

All information received by the South Williamsport Borough Office 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: \_\_\_\_\_