

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

East Cocalico Township
100 Hill Road
Denver, PA 17517
Phone (717) 484-4975 Fax (717) 336-1724
Tax_Collector@EastCocalicoTownship.com

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX FOR _____ (YEAR)

* 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 fifteen days of the change.**
2. ___ TAX IS BEING WITHHELD BY MY EMPLOYER IN ANOTHER TAXING JURISDICTION WHERE THE MAJORITY OF THE COMPANY'S BUSINESS IS CONDUCTED: Attach evidence of deduction in another taxing jurisdiction.
3. ___ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN **East Cocalico 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.
4. ___ 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.
5. ___ 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.

Direct all inquiries to: **Joan Fischer, Tax Collector**
East Cocalico Township
(contact information at the top of this form)

EMPLOYMENT INFORMATION

List all places of employment for the applicable tax year. List your PRIMARY EMPLOYER first and your secondary employers, if applicable, next. If you are self-employed, write SELF under the Employer Name column.

PRIMARY EMPLOYER

Employer Name _____

Address _____

Address 2 _____

City, State, ZIP _____

Municipality _____

Phone _____

Start Date _____

End Date _____

Status (FT/PT) _____

Gross Earnings _____

SECONDARY EMPLOYER

Employer Name _____

Address _____

Address 2 _____

City, State, ZIP _____

Municipality _____

Phone _____

Start Date _____

End Date _____

Status (FT/PT) _____

Gross Earnings _____

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