

ABINGTON TOWNSHIP
LOCAL SERVICES TAX - EXEMPTION CERTIFICATE

Tax Year

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- 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 tax office charged with collecting the Local Services Tax in which you are primarily 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 Code: _____

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 other employers of a change in principal place of employment within two weeks of the change.)**

_____ **EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN ABINGTON TOWNSHIP WILL BE LESS THAN \$ _____**
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.

_____ **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.

_____ **MILITARY DISABILITY EXEMPTION:** Please attach a copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive the Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax. Once completed, please return form to the following address:

Abington Township Tax Office
1176 Old York Road
Abington, PA 19001

IMPORTANT NOTE TO EMPLOYERS

The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the combined rate exceeds \$10.00.

If you have any questions contact the Tax office at telephone number (267) 536-1027.

OVER

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

	PRIMARY EMPLOYER	2.	3.
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Telephone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Telephone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

PLEASE NOTE:

All information received by the Tax Collector 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:** _____