

**TOWNSHIP OF LOWER MERION
LST TAX COLLECTOR
75 E. LANCASTER AVENUE
ARDMORE, PA 19003-2376
PHONE: 610-645-6142 FAX 610-649-2529**

2014 APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX (LST)

- A copy of this application for exemption from the LST, and all necessary supporting documents, must be completed and presented to your employer **AND** to the political subdivision levying the LST where you are principally employed.
- Filing an exemption does not excuse self employed individuals from filing Local Services Tax Returns.
- **No exemption will be approved until signed and submitted with proper documentation.**

Name: _____ Tax Acct # or Soc Sec #: _____
 Address: _____ Phone #: _____
 City/State: _____ Zip: _____

REASON FOR EXEMPTION – PLEASE CHECK ONE

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 LST 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.**
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN THE TOWNSHIP OF LOWER MERION WILL BE LESS THAN \$12,000: Attach copies of your final 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. This form does not exempt business owners from filing LST returns.
3. _____ 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.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach 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.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ DATE: _____
 PRINT NAME: _____

SIGN HERE AND COMPLETE EMPLOYER LIST BELOW

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your other employer(s) under the other columns. If self employed, write SELF as the Employer's Name.

	1. (Primary Employer)	Employer 2.	Employer 3
Employer's Name			
Address			
City, State, Zip			
Municipality			
Phone			
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 LST.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the LST 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.

IMPORTANT NOTE TO EMPLOYERS

1. 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 levied rate exceeds \$10.00.
2. The school district for the municipality in which your 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.
3. Contact the tax office where your business worksites are located to obtain this information.
4. Self Employed Individuals filing this form will still have to file the annual LST forms and provide proof that earnings did not exceed \$12,000.