



CITY OF SUNBURY

Office of the Treasurer

225 Market Street

Sunbury, PA 17801

Voice: 570-286-4588 Fax: 570-286-4525

www.cityofsunbury.com

LOCAL SERVICE TAX EXEMPTION CERTIFICATE

TAX YEAR: 2012

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 the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from Local Services Tax must be signed and dated.
- **No exemption will be approved until all 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 the Local Services Tax withheld list all employers on the second page of this form. You must notify your other employers of a change in your principal place of employment within two weeks of the change.
2. **EXPECTED TOTAL EARNING INCOME AND NET PROFIT** from all sources within The City of Sunbury will be less than **\$12,000**.
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.
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. **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.

Tax Office: Elizabeth Kremer, City Treasurer

Address: 225 Market Street, Sunbury, PA 17801 Phone: 570-286-4588

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 combined 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.
3. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
4. Contact the tax office where your business worksite(s) are located to obtain this information.

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 you are self employed, write SELF under the Employer Name Column.

| | Primary Employer 1 | 2 | 3 |
|--------------------------|---------------------------|----------|----------|
| Employer Name Address | | | |
| Address 2 | | | |
| City, State, Zip | | | |
| Municipality | | | |
| Phone | | | |
| Start Date | | | |
| End Date | | | |
| Status (FT / PT) | | | |
| Gross Earnings | | | |

| | 4 | 5 | 6 |
|--------------------------|----------|----------|----------|
| Employer Name Address | | | |
| Address 2 | | | |
| City, State, Zip | | | |
| Municipality | | | |
| Phone | | | |
| Start Date | | | |
| End Date | | | |
| Status (FT / PT) | | | |
| Gross Earnings | | | |

PLEASE NOTE:

All information received 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 OFFICE.

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

SIGNATURE: _____ DATE: _____