

BERKS EIT BUREAU
920 VAN REED RD, WYOMISSING, PA 19610
PHONE: 610-372-8439 TOLL FREE: 1-855-372-8439 FAX 610-372-1102
EMAIL: beitb@berkseit.com

LOCAL SERVICES TAX EXEMPTION CERTIFICATE FOR _____
Tax Year

- > A copy of this exemption form for the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to the employer from which you are seeking exemption.
- > This application for exemption of the Local Services Tax must be signed and dated.
- > **No exemption will be approved until proper documents have been received.**

Taxpayer 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 the 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 _____ (municipality or school district) WILL BE LESS THAN \$ _____. Attach copies of your last pay statements or w-2 for the year prior. If you are Self-employed, attach a copy of you 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 your employer 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 Administration 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 instructed by the tax collector to withhold the tax. This form must accompany your quarterly Local Services Tax return the first quarter in which it applies.

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. 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.

Tax Office: Berks EIT Bureau
Address: 920 Van Reed Road
City/State: Wyomissing, PA

Phone: 610-372-8439 Toll Free: 1-855-372-8439
Zip: 19610

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.

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

	4.	5.	6.
Employer Name			
Address			
Address 2			
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 CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

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

SIGNATURE: _____ DATE: _____