

# LOCAL SERVICE TAX – EXEMPTION CERTIFICATE

TAX YEAR

## APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

documents, must be completed and presented to your employer and to the political subdivision levying the Local Services Tax for the municipality or school district in which you are primarily employed.

**No exemption will be approved until proper documentation has been received.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REASON FOR EXEMPTION

1. **MULTIPLE EMPLOYERS:** Attach a copy of a current pay statement from your principal employer. List all employers on the reverse side of this form. You must notify your other employers of a change in employer date of employment within two weeks of your change.

2. **RECENTLY UNEMPLOYED:** Attach copies of your last pay statements of year W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, E, or RK-1 for the year prior.

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 permanent disability are recognized for this exemption.

EMPLOYER: \_\_\_\_\_  
The tax collector to withhold the tax.

Scranton Single Tax Office

100 The Mall at Steamtown Unit 210 The Mall at Steamtown Unit 216

Scranton PA 18503  
(570) 963-6756 Ext. 3115

IMPORTANT NOTE TO EMPLOYERS

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			

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: \_\_\_\_\_