

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year

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 Borough of Cambridge Springs.

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: _____

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 and the amount of Local Service 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.
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN CAMBRIDGE SPRINGS BOROUGH WILL BE LESS THAN \$ _____
Attach copies of your last pay statements or your W-2 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 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.

Cambridge Springs Borough
(814) 398-2311 – phone

161 Carringer Street, Cambridge Springs, PA 16403
(814) 398-1310 – fax

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

	Primary Employer	Employer	Employer
Employer Name			
Address			
City, State, Zip			
Municipality			
Phone			
Gross Earnings			
FT or PT			

Employer Name			
Address			
City, State, Zip			
Municipality			
Phone			
Gross Earnings			
FT or PT			

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: _____