	LOC	AL SERVICES TAX -	<b>EXEMPTION CERTIFICA</b>	ΓE
	Ар	olication for exemptio	n for 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 Denver.  This application for exemption from the LST must be signed and dated.  No exemption is effective until proper documentation has been received and approved.			
	Name:		Soc. Sec. #:	
	Address:		Phone #:	
	City/State:		Zip:	
		REASON FO	OR EXEMPTION	
1.	MULTIPLE EMPLOYERS: I am exempt from withholding based on paying a Local Service Tax (LST) pro rata per payroll to another, principal employer. I will notify employers of a change in principal place of employment within two weeks of the change. (Attach a copy of a current pay statement from principal employer that shows the name of the employer, the length of the payroll period, and the amount of local service tax withheld. List all employers at the bottom of this form.)			
2.	LOW INCOME EXEMPTION - \$12,000: I expect my total earned income and net profits from all sources within DENVER BOROUGH will be less than \$12,000. (Attach copies of last pay statements or W-2 for the prior year.)  (SELF-EMPLOYED INDIVIDUALS: please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.)			
3.			exempt from tax because my or orders directing active duty statu	•
4.			ot from tax based on military disab rator documenting disability. Only	, , , , , , ,
5.		ax, or have previously pa	full amount of the tax to the muid for this tax year \$52.00 as a tiating payment.)	
Unle	ess you have reason to believe	the certificate is inaccurate tificate applies, until other	d certificate, you should promptly e, you should not withhold the Loo wise instructed by the employee o ger applies.	cal Service Tax for the portion of
		1. Primary Employer	2. Second Employer	3. Third Employer
	Employer Name	1		

Employer Name Municipality Status (FT or PT)

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

DATE: SIGNATURE: \_\_\_\_

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 SERVICE TAX.

> Phone: 717-336-2831 TAX OFFICE: Borough of Denver

> > 501 Main Street, Denver, PA 17517 Email: JHigh@denverboro.net