CITY OF PITTSBURGH 2024 LOCAL SERVICE TAX – EXEMPTION CERTIFICATE

- 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 political subdivision levying the
 Local Services Tax for the municipality or school district in which you are primarily employed.
- This application for exemption from the Local Services Tax must be signed, dated, and given to each employer.
- No exemption will be approved until proper documentation has been received.

| PRINT NAME: | SOCIAL SECURITY #: |
|---|---|
| ADDRESS: | PHONE #: |
| CITY – STATE – ZI | P: |
| | REASON FOR EXEMPTION |
| shows the name of all employers on the | PLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that the employer, the length of the payroll period and the amount of Local Services Tax withheld. List e reverse side of this form. You must notify your other employers of a change in principal place of two weeks of the change. |
| CITY OF PITTS | ED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN THE BURGH WILL BE LESS THAN \$12,000: Attach copies of your last pay statements from all so of your W-2's from all employers for the prior year. Also submit copies to your employer(s). |
| If you are <u>S</u> | ELF-EMPLOYED, attach a copy of your PA Schedule C, F, or RK-1 for the prior year. |
| Annual training is r | DUTY MILITARY EXEMPTION : Attach a copy of your orders directing you to active duty status not eligible for exemption. You are required to advise your employer and tax office when you am active duty status. |
| | Y DISABILITY EXEMPTION: Attach a copy of your discharge orders and a statement from the rans Administrator documenting your disability. Only 100% permanent disabilities are recognized |
| portion of the cale | ce you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the endar year for which this certificate applies, unless you are otherwise notified or instructed by a collector to withhold the tax. Employer must retain Exemption Certificate. |
| Tax Office: Address: City, State & Zip: | LST Exemption Certificate, City of Pittsburgh, Department of Finance, 414 Grant Street Pittsburgh PA 15219-2476 |
| | required by law to exempt from the LST employees whose earned income from all sources If-employment) in their municipality is less than \$12,000. |
| SIGNATURE: | DATE: |
| For additional inform | nation go to www.pittsburghpa.gov/finance/finance.html or call 412-255-2504. |

EMPLOYMENT INFORMATION: List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER under #1** 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 | | | |
| Employer Phone | | | |
| Start Date | | | |
| End Date | | | |
| Status FT or PT | | | |
| Gross Earnings | | | |

| | 4. | 5. | 6. |
|-------------------|----|----|----|
| Employer Name | | | |
| Address | | | |
| Address 2 | | | |
| City, State & Zip | | | |
| Municipality | | | |
| Employer Phone | | | |
| Start Date | | | |
| End Date | | | |
| Status FT or PT | | | |
| Gross Earnings | | | |