## CITY OF PITTSBURGH 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, <u>and given to each employer.</u>
- No exemption will be approved until proper documentation has been received.

PRINT NA	AME:	SOCIAL SECURITY #:
ADDRES	S:	PHONE #:
CITY - ST	TATE – ZIP:	
	REASON FO	OR EXEMPTION
Li	hows the name of the employer, the length of the	copy of a current pay statement from your principal employer that a payroll period and the amount of Local Services Tax withheld.  You must notify your other employers of a change in principal ge.
st	VITHIN THE CITY OF PITTSBURGH WIL	COME AND NET PROFITS FROM ALL SOURCES LL BE LESS THAN \$12,000: Attach copies of your last pay -2's from all employers for the prior year. Also submit copies to
If	you are <b>SELF-EMPLOYED</b> , attach a copy of you	r PA Schedule C, F, or RK-1 for the prior year.
		<b>FION</b> : Attach a copy of your orders directing you to active duty n. You are required to advise your employer and tax office us.
		N: Attach a copy of your discharge orders and a statement from nenting your disability. Only 100% permanent disabilities are
portion o		ficate, you shall not withhold the Local Services Tax for the applies, unless you are otherwise notified or instructed by over must retain Exemption Certificate.
Tax Office Address: City, State	414 Grant Street	Pittsburgh, Department of Finance,
	icipality is required by law to exempt from the ers and self-employment) in their municipality	LST employees whose earned income from all sources is less than \$12,000.
SIGNATU	JRE:	DATE:
For addition	onal information go to www.pittsburghpa.gov/fir	nance/finance.html_or call 412-255-2504.

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**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 EMP	LOYER 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	4.	5.	6.	
Employer Name Address	4.	5.	6.	
	4.	5.	6.	
Address	4.	5.	6.	
Address 2	4.	5.	6.	
Address 2 City, State & Zip	4.	5.	6.	
Address 2 City, State & Zip Municipality	4.	5.	6.	
Address Address 2 City, State & Zip Municipality Employer Phone	4.	5.	6.	
Address Address 2 City, State & Zip Municipality Employer Phone Start Date	4.	5.	6.	