Name:	Soc Sec #:
Address:	Ph <u>one #:</u>
City/State:	Zip:
	5(\$621)25 (;(037,21
1	MULTIPLE EMPLOYERS: Attach a copy of a current pay state infinement your principal employer that shows the arme of the employer, the the payroll period and the amount of Loca Services Tax withheld. List all employers on the the erse side of this form. < R X X VQ/R W LX U \ R W K H U H P S & R QH SHV L R IF DS D & PSOODRF HP HRQ W Z L W KW LZORH H R W K H FHK D Q J
2	EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN, Q G L%D RQ LD R X J K (municipality or schooldistrict) WILL BE LESS THAN\$: Attachopies of your last pay statements or your W-2 for the year prior.
	If you are self-employed, please attach ayoofpyour PA Scledule C, F, or RK-1 for the prior year.
	ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of unrorders directing you to active dutystatus. Amual training is not eligible for exempion. You are required to advise the taxoffice when you are discharged from active duty status.
	MILITARY DISABILITY EXEMPTION: Please attach copfy your discharge orders and a statement from the United States VeterAdministrator documeting your disability. Only 100% permanent disabilities are recognized for this exemption.
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Tax Office:	
Address:	Ph <u>one #:</u> Zip:

- The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is lesarth\$12,000 when the coinled rate exceeds \$10.00.
 The school district for the municipality in which your work@isis located may or may not levy an LST. If it does, the income exemption provided may diffeom the municipality and can be anywhere from \$0 to \$11,999.
 Contact the tax office where your business widelssare located to obtain this information.

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