CITY OF PITTSBURGH 2019 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.

PRIN ⁻	T NAME:		SOCIAL SECURITY #:	
ADDRESS:			PHONE #:	
CITY	– STATE – ZIP			
		REAS	ON FOR EXEMPTION	
1.	that shows tl withheld. List	ne name of the employer, the	ttach a copy of a current pay statement from your principal employer length of the payroll period and the amount of Local Services Taxiside of this form. You must notify your other employers of a change in eeks of the change.	
2.	WITHIN TH	HE CITY OF PITTSBURG	D INCOME AND NET PROFITS FROM ALL SOURCES OF WILL BE LESS THAN \$12,000: Attach copies of your last ies of your W-2's from all employers for the prior year. Also submit	
	If you are <u>SE</u>	LF-EMPLOYED, attach a copy	of your PA Schedule C, F, or RK-1 for the prior year.	
3.	status. Annu		EMPTION : Attach a copy of your orders directing you to active duty temption. You are required to advise your employer and tax office ty status.	
4.	from the Unit		MPTION: Attach a copy of your discharge orders and a statement ator documenting your disability. Only 100% permanent disabilities are	
portio	on of the calen	dar year for which this certi	n Certificate, you shall not withhold the Local Services Tax for the ficate applies, unless you are otherwise notified or instructed by Employer must retain Exemption Certificate .	
Tax C Addre City, S		LST Exemption Certificate, 414 Grant Street Pittsburgh PA 15219-2476	City of Pittsburgh, Department of Finance,	
		required by law to exempt feemployment) in their munic	from the LST employees whose earned income from all sources ipality is less than \$12,000.	
SIGN	ATURE:		DATE:	
For a	dditional informa	ition 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 EMF	PLOYER 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				
Address 2				
Address 2 City, State & Zip				
Address 2 City, State & Zip Municipality				
Address 2 City, State & Zip Municipality Employer Phone				
Address 2 City, State & Zip Municipality Employer Phone Start Date				