

Township of Derry Tax Collection Association

610 Clearwater Road
Hershey, PA 17033
(717) 534-1915

EXEMPTION CERTIFICATE

LOCAL SERVICES TAX (LST) - Tax Year _____

- You must complete and present a copy of this exemption from the Local Services Tax (LST), and all necessary supporting documents to your employer AND to the Township of Derry Tax Collection Association, who has been charged with collecting the Local Services Tax on behalf of the Township of Derry levying the Local Services Tax where you are principally employed.
- No exemption will be approved by the Township of Derry Tax Collection Association until a copy of this application for exemption from the LST, and all necessary supporting documents, signed and dated are presented to us.

Name: _____ SSN #: _____
Address: _____ Phone #: _____
City/State: _____ Zip: _____

REASON FOR EXEMPTION FOR TAX YEAR - _____

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **If your principal occupation changes during the tax year you are required to notify any non-principal employers of such within two weeks of the change.**
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN THE TOWNSHIP OF DERRY WILL BE LESS THAN \$12,000.00: Attach copies of your last pay statements or your W-2('s) for the year prior. You must notify your employer immediately should your earned income and/or net profits within the Township equal or exceed \$12,000.00 during the tax year.
***If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.**
3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified by the employee or instructed by the tax collector to withhold the tax. In the case of a low income exemption you must begin to withhold upon payment to the employee of earned income within the Township an amount equal to or in excess of \$12,000.00 in the tax year.

IMPORTANT NOTE TO EMPLOYERS

1. 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 less than \$12,000 when the combined rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

Employment Information: List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER** under #1 below 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			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

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 SERVICES TAX**.

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

SIGNATURE: _____ **DATE:** _____