

**Cumberland County Tax Bureau**

3607 Rosemont Avenue

Camp Hill PA 17011

[www.cumberlandtax.org](http://www.cumberlandtax.org)

Telephone (717) 761-4902 Fax (717) 975-8955

**Exemption Certificate**  
**Local Services Tax for Tax Year 2012**

A copy of this exemption from the Local Services Tax (LST), and all necessary supporting documents must be completed and presented to your employer and to the Cumberland County Tax Bureau, who has been charged with collecting the Local Services Tax on behalf of the political subdivision levying the Local Services Tax where you are principally employed.

No exemption will be approved by the Cumberland County Tax Bureau until a copy of this application and all necessary documents have been signed and dated and presented to our office.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Reason for Exemption for Tax Year \_\_\_\_\_

- (1) **Multiple Employers** – Please attach a current pay stub from your primary employer. We need the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. **Please list all employers on the reverse side of this form.** You must notify your other employers of a change in principal place of employment within two weeks of the change.
- (2) Total Earned Income and Net Profits from all sources within Upper Allen Township (municipality or school district) will be less than \$ 12,000. Please attach a copy of all final pay stubs for the prior year from all employers.

If you are self-employed, please attach a copy of your PA Schedule C, F or RK-1 for the year prior to the year for which you are requesting to receive a refund of the Local Services Tax.

- (3) **Active Duty Military Exemption** – Please attach a copy of your orders directing you to active duty status. You are required to advise the tax office when you are discharged from active duty status.
- (4) **Military Disability Exemption** – Please attach a copy of your discharge orders and a statement from the United States Veterans Administrator or its successor declaring you to be completely and permanently disabled.

**Employer:**

1. 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 or instructed by the tax collector to withhold the tax.
2. 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 \$12,000.00 when the combined rate exceeds \$10.00.
3. 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 \$0.00 to \$11,999.00. Please contact the tax office where your worksites are located to obtain this information.

List all places of employment for the applicable tax year with your primary employer in the section noted and your secondary employers in the other columns. If you are self-employed, write *self* on the form.

(1) Primary Employer (2) (3)

Employer Name			
Street Address			
City State Zip			
Municipality			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

(4) (5) (6)

Employer Name			
Street Address			
City State Zip			
Municipality			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

All information received by the Cumberland County Tax Bureau is considered to be confidential and is only used for official purposes in 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: \_\_\_\_\_