

**WARWICK TOWNSHIP**  
**P.O. Box 308, 315 Clay Rd., Lititz, PA 17543 717-626-8900**

**LOCAL SERVICES TAX - EXEMPTION CERTIFICATE**

\_\_\_\_\_  
 Tax Year

**APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX WITHHOLDING**

- **A copy of this application for exemption from the Local Services Tax (LST) and all necessary supporting documents (kept confidential), must be fully completed, signed, and presented to your employer AND to Warwick Township.**
- **No exemption will be approved until proper documentation for each reason has been received.**

Employee Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REASON FOR EXEMPTION**

1. \_\_\_\_\_ **MULTIPLE EMPLOYERS:** Exempt from withholding based on paying a local services tax per payroll to principal employer. I will notify employers of a change in principal place of employment within 2 weeks of the change. **(Attach copy of a current pay statement from 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 at the bottom of this form.)**

2. \_\_\_\_\_ **EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN Warwick Township WILL BE LESS THAN \$12,000.** Attach copies of your last pay statements or your W-2 for the year prior. If 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 statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

**NOTE TO EMPLOYER: Once you receive a properly completed Exemption Certificate, you should not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, until otherwise notified by the employee or Warwick Township that this exemption no longer applies.**

**1. PRIMARY EMPLOYER      2. SECOND EMPLOYER      3. THIRD EMPLOYER**

	1. PRIMARY EMPLOYER	2. SECOND EMPLOYER	3. THIRD EMPLOYER
<b>Employer Name</b>			
<b>Address</b>			
<b>Address 2</b>			
<b>City, State Zip</b>			
<b>Municipality</b>			
<b>Status (FT or PT)</b>			

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_