

**The LST Tax will be deducted from pay until this form is properly completed, signed and submitted to Sonrise PayMaster\$ LLC**

**LOCAL SERVICES TAX EMPLOYEE WITHHOLDING EXEMPTION CERTIFICATE**  
(for use where the Bureau collects LST)

**2026 Tax Year**

This application for exemption from withholding of local services tax and supporting documents must be completed, signed, and presented to employer AND the Bureau. **No exemption is effective until proper documentation has been received and approved by the employer.**

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

**REASON FOR EXEMPTION**

1. \_\_\_\_\_ **MULTIPLE EMPLOYERS/MULTIPLE PER PAYROLL TAX:** I am exempt from withholding based on paying a local services tax pro rata per payroll to another, principal employer. I will notify employers of a change in principal place of employment within 2 weeks of the change. (Attach a 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. \_\_\_\_\_ **LOW INCOME EXEMPTION - \$12,000:** I expect my total earned income and net profits from all sources will be less than \$12,000 within \_\_\_\_\_ (specify municipality that imposes the tax.) (Attach copies of last pay statements or W-2 for the prior year.)
3. \_\_\_\_\_ **ACTIVE DUTY MILITARY EXEMPTION:** I am exempt from tax because my occupation within the jurisdiction imposing the tax is active military duty. (Attach a copy of orders directing active duty status. Annual training is not eligible for exemption.)
4. \_\_\_\_\_ **MILITARY DISABILITY EXEMPTION:** I am exempt from tax based on military disability. (Attach a copy of discharge orders and a statement from the U.S. Veterans Administrator documenting disability. Only 100% permanent disabilities are recognized for this exemption.)
5. \_\_\_\_\_ **RELIGIOUS CLERGY EXEMPTION:** My sole occupation within the jurisdiction imposing the tax is performing services as a member of the religious clergy.
6. \_\_\_\_\_ **PRIOR PAYMENT:** I have previously paid the full amount of the tax to the municipality and/or school district imposing the local services tax, or have previously paid for this tax year \$52 as a local services tax based on an occupation within Pennsylvania. (Attach evidence substantiating payment.)

**NOTE TO EMPLOYER:** Once you receive a properly completed certificate, you should promptly send a copy to the Bureau. Unless you have reason to believe the certificate is inaccurate, you should not withhold the local services tax for the portion of the calendar year for which the certificate applies, until otherwise instructed by the employee or Bureau or until you have reason to conclude the tax withholding exemption no longer applies.

	1. PRIMARY EMPLOYER	2. SECOND EMPLOYER	3. THIRD EMPLOYER
Employer Name			
Municipality			
Status (FT or PT)			

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

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