BOROUGH OF FOX CHAPEL APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

	Tax Year	
suppo Chap > This	opy of this application for exemption from the Loc porting documents, must be completed and present apel in which you are principally employed. Is application for exemption from the Local Service exemption will be approved until proper docum	ed to your employer AND to the Borough of Fox s Tax must be signed and dated.
Name:	So	oc Sec #:
Address:	Pl	none #:
City/State/Zi	Zip: Fo	ox Chapel Employer:
1,	Employer that shows the name of the employer of Local Services Tax withheld. List all emplo	current pay statement from your principal t, the length of the payroll period and the amount yers on the reverse side of this form. You must cipal place of employment within two weeks of
2	EXPECTED TOTAL EARNED INCOME AND/OR NET PROFITS FROM ALL SOURCES WITHIN THE BOROUGH OF FOX CHAPEL WILL BE LESS THAN \$12,000: Attach copies of your last pay statements or your W-2 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 or instructed by the tax collector to withhold the tax.

Please submit a copy of this form to your employer and to:

Borough of Fox Chapel 401 Fox Chapel Road Pittsburgh, PA 15238 412-963-1100

IMPORTANT NOTE TO EMPLOYERS

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 levied rate exceeds \$10.

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 selfemployed, write "SELF" under the Employer Name column. 3. 1. PRIMARY EMPLOYER 2. Employer Name Address Address 2 City, State Zip Municipality Phone Start Date End Date Status (FT or PT) Gross Earnings 6. 4. 5. Employer Name Address Address 2 City, State Zip Municipality Phone Start Date End 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: