

FRANKLIN PARK BOROUGH

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APPLICATION FOR UPFRONT EXEMPTION CERTIFICATE LOCAL SERVICES TAX

A completed copy of this application and all necessary supporting documents **must** be submitted to your **employer AND to the Franklin Park Borough Tax Office**. A new form must be filed **annually**. The application **must** be signed and dated. **No exemption will be approved until proper documentation has been received.**

Tax Year _____

Name: _____ **Soc.Sec.#:** _____

Address: _____ **Phone #:** _____

City/State: _____ **Zip:** _____

REASON FOR EXEMPTION (Check box that applies)

- 1.) _____ **LOW INCOME:** Expected total earned income and net profits from all sources within Franklin Park Borough will be less than \$12,000. Attach copies of your last pay statements or W-2 for the previous year. If you are self-employed, attach a copy of your PA Schedule C, F or RK-1 for the previous year.
- 2.) _____ **MULTIPLE EMPLOYERS: To be filed with your secondary employer.** 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 the form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
- 3.) _____ **ACTIVE DUTY:** Attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to notify the Tax Office when you are discharged from active duty status.
- 4.) _____ **MILITARY DISABILITY:** Attach a copy of your discharge orders and a statement from the United States Veterans Administration documenting your disability. Only honorably discharged veterans with a 100% disability are exempt.

EMPLOYER: Once you have received this Exemption Certificate, do 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.

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER in column #1 below and your secondary employers in the other columns. If self-employed, write SELF on the Employer Name line.

	1. PRIMARY EMPLOYER	2.	3.
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:** _____