

| | |
|--|--|
| 1. Total number of employees reported herewith | |
| 2. Gross amount of tax being reported | |
| 3. Total amount being returned | |

Company Name & Address:

**I DECLARE UNDER PENALTY OF LAW
THAT THE INFORMATION HEREIN
CONTAINED IS TRUE AND CORRECT.**

Authorized Signature & Date Filed: _____

| Employee Name | Employee Address | LST Paid This Quarter | LST Paid This Year |
|---------------|------------------|-----------------------|--------------------|
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| | | | |
| Total: | | | |

Instructions:

- 1) The total number of employees reported herewith must agree with the total number of employees and deductions listed here, on a computer generated list or on the "Local Services Tax - 2 Employee Deductions".
Forms must be filed on or before thirty (30) days after the end of each calendar quarter. Payments are payable to the Borough of Northumberland. Unless requested, your canceled check is your receipt. Please make a copy of this and any additional forms used for your records. All required forms and payments are to be submitted to **Borough Secretary, 175 Orange St, Northumberland PA 17857.**
- 2) If you have no employees from whom you are required to deduct the tax, write the word NONE of line one (1) of Form LST 1 "Employer's Return", sign the form and return.
- 3) Employer's are required to provide employees evidence of contribution by January 31st of the following year. Contributions may be listed on W-2 form or through use of form LST 3 Employee Contribution Certification.
- 4) Employees who earn less than \$12,000, from all sources, may request a refund upon showing proof of income or obtain an upfront exemption by filing an annual upfront exemption form available by request or at www.norrypa.us

LOCAL SERVICES TAX
Borough of Northumberland

**3: Employee
Contribution Certification**

This is your evidence of Local Services Tax withheld by your employer for year .
Your tax is \$52.00 if employed in Northumberland Borough. In the event you change employers
in a calendar year, show this certificate to your new employer. Not valid unless signed by employee.

Employer's Name, Address & Telephone:

Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

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Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

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Employer's Name, Address & Telephone:

Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

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Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

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Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

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Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

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Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

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Borough of Northumberland

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Your tax is \$52.00 if employed in Northumberland Borough. In the event you change employers
in a calendar year, show this certificate to your new employer. Not valid unless signed by employee.

Employer's Name, Address & Telephone:

Employee's Name & Address:

Amount Paid in : \$ _____

Employee's Signature & Date

LOCAL SERVICES TAX
Borough of Northumberland

4: Personal Return
A: Borough Record

| | | | |
|--|------------------------|------------------------|-----------------|
| 1. Total Local Services Tax Due | \$52.00 | | Name & Address: |
| 2. Circle Quarter for this submission. | 1st Quarter \$13.00 | 2nd Quarter \$13.00 | |
| | 3rd Quarter \$13.00 | 4th Quarter \$13.00 | |
| 3. Payment Enclosed | | | |

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT.

Authorized Signature & Date Filed: _____

LOCAL SERVICES TAX
Borough of Northumberland

4: Personal Return
B: Taxpayer's Record

| | | | |
|--|------------------------|------------------------|-----------------|
| 1. Total Local Services Tax Due | \$52.00 | | Name & Address: |
| 2. Circle Quarter for this submission. | 1st Quarter \$13.00 | 2nd Quarter \$13.00 | |
| | 3rd Quarter \$13.00 | 4th Quarter \$13.00 | |
| 3. Payment Enclosed | | | |

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT.

Authorized Signature & Date Filed: _____

LOCAL SERVICES TAX for year
Borough of Northumberland

4: Personal Return
C: Borough Record

INSTRUCTIONS ON REVERSE SIDE

| | |
|---|-----------------|
| <p>A. My "Employer" is withholding my Local Services Tax in the amount of \$ _____</p> <p>Employer's Name & Telephone: _____</p> <p>B. I paid my Local Services Tax and have a receipted Personal Return.</p> <p>Last 4 of SS No.: _____ Dated: _____</p> <p>C. I certify that no portion of my business or occupation is carried on or performed within the limits of Northumberland, PA. Area business or occupation and address are: _____</p> | Name & Address: |
| <p>I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT.</p> <p>Authorized Signature & Date Filed: _____</p> | |

LOCAL SERVICES TAX
Borough of Northumberland

**4: Personal
Return Instructions**

Instructions to Self-Employed Persons or Individuals Whose Employers are Not Required to Withhold.

Return all required forms to the Borough Secretary, 175 Orange St., Northumberland, PA 17857.

If you have only one (1) occupation, complete and file form 4A with your payment by the due date. If you wish a receipt, please submit completed forms 4A and 4B. Otherwise retain 4B for your records. Payments are payable to "Borough of Northumberland".

If you have an employer who has deducted the tax: complete form 4C, check "A" and fill in employer's name and telephone number. Your employer is required to furnish you with an "Evidence of Deduction Certificate" giving the employer's name, address and telephone number.

Should you receive more than one form LST 3 Personal Return, remit your payment with the primary "Return". On all others, return 4C to the Borough Secretary, after checking line "B". Use the S.S. # that appears on the primary "Return".

In the event that you are NOT engaged in a business or occupation WITHIN the limits of Northumberland, complete form 4C, check line "C" and return.

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year _____

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____ Soc Sec #: _____
Address: _____ Phone #: _____
City/State: _____ Zip: _____

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: 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 this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**

2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____: Attach copies of your last pay statements or your W-2 for the year prior.

If you are 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 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.

Tax Office: _____
Address: _____ Phone #: _____
City/State: _____ Zip: _____

IMPORTANT NOTE TO EMPLOYERS

1. 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 \$10.00.
2. 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 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

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 self employed, write SELF under Employer Name column.

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 | | | |

4.

5.

6.

| | | | |
|--------------------------|--|--|--|
| 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:** _____