

State College Borough Tax Office – 243 South Allen Street – State College, Pa 16801

Phone: (814) 234-7120 Fax: (814) 234-7148

Local Services Tax Collector for the Borough of State College and the Townships of College, Ferguson, Harris, and Patton (Centre County, PA)

EMPLOYEE STATEMENT TO SECONDARY EMPLOYERS LOCAL SERVICES TAX (LST)

This Statement is for Calendar Year _____ Phone Number _____
Email Address _____
Employee Name _____ Soc Sec No _____
Home Address: Street _____ City _____ State ____ Zip Code _____
Local Address (if different): Street _____ Phone _____
City _____ State _____ Zip Code _____

SPECIAL NOTE TO YOUR EMPLOYERS

You are required to refrain from withholding both the Municipal LST and School District LST from the undersigned providing the appropriate documentation is provided.

NOTE TO EMPLOYEE

In the event you do not qualify for an exemption from the Municipal and / or School District Local Services Tax (LST), there are 2 situations when your employer must refrain from withholding the tax:

1. You have paid the maximum amount of \$52.00 for the current year. *You must attach proof of payment. The tax collector appointed by the municipality and / or school district is required to provide you with a receipt of payment upon request.*
2. You are concurrently employed in either the same or a different municipality and the principal employer is withholding the LST. *You must complete the employee statement below and present together with supporting documentation to all your non-principal employers for them to be relieved of the responsibility of withholding the tax.*

EMPLOYEE STATEMENT TO NON-PRINCIPAL EMPLOYERS

The name, address, and phone number of my **principal** employer at the time I sign this form is as follows:

Employer Name: _____
Street Address: _____
City/Town: _____ State / Zip: _____
Phone: _____
Municipality: _____

I have attached a recent pay statement from my principal employer showing the following:

1. Employer's Name
2. Pay period – beginning and ending dates for that pay
3. Evidence the LST is being withheld

Should my principal employer change during this calendar year, I will notify all my current employers within 2 weeks of occurrence.

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

Signature

Date