

UPPER DARBY TOWNSHIP
LST EXEMPTION FORM
2008

Name of Employee _____ Social Security Number ____-____-_____

Address _____ City _____ State _____ Zip _____

Reason for Exemption

- _____ 1. Will earn less then \$12,000.00 from single or multiple employments within the Township. Must attach last pay stub or prior years W-2. If \$12,000.00 is exceeded during the course of the Year, the individual is responsible for the amount due to that point of year, and remainder is deducted from each pay thru the end of the year.
- _____ 2. Active Military Duty.
- _____ 3. Honorable Discharged from Military Service with a 100% disability (Copy of Discharge and disability must be presented).

Employee Signature _____ Date ____/____/_____