

LOCAL SERVICES TAX – REFUND CERTIFICATE

Tax Year

APPLICATION FOR REFUND FROM LOCAL SERVICES TAX

- A copy of this application for refund 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 refund from the Local Services Tax must be signed and dated.
- **No refund will be approved until proper documentation has been received.**

Name: _____ Soc Sec #: _____

Address: _____ Phone #: _____

City/State: _____ Zip: _____

REASON FOR REFUND – CHECK ALL THAT APPLY

1. _____ I overpaid by more than \$1.
2. _____ I had tax withheld when it should have been exempted.
3. _____ **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.**
4. _____ **TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WAS LESS THAN \$ _____:** Please attach a copy of all your last pay statements from all employer within the political subdivision for the prior year to the fiscal year for which you are requesting a refund from the Local Services Tax.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK- 1 for the prior year to the fiscal year for which you are requesting to receive a refund of the Local Service Tax.
5. _____ **ACTIVE DUTY MILITARY REFUND:** 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.
6. _____ **MILITARY DISABILITY REFUND:** 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 refund.

Tax Office: _____

Address: _____ Phone #: _____

City/State: _____ Zip: _____

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:** _____