## **LOCAL SERVICES TAX - REFUND APPLICATION**

Tax Year	

## <u>APPLICATION FOR REFUND FROM LOCAL SERVICES TAX</u>

		Local Services Tax (LST), and all necessary supporting to the tax office charged with collecting the Local Services		
Tax,	ist be completed and presented	to the tax office charged with concerning the Book Services		
	n for a refund of the Local Se	vices Tax must be signed and dated.		
> No refund w	vill be approved until pr	oper documents have been received.		
Name:		Soc Sec #:		
Address:		Phone #:Zip:		
City/State:		Zip:		
	REASON FOR REFU	ND - CHECK ALL THAT APPLY		
1	I overpaid by more than \$	Ι.		
2	I had the tax withheld when it should have been exempted.			
3	MULTIPLE EMPLOYERS: Please 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. Please list all employers on the reverse side of this form.			
4	LESS THAN \$	ME AND NET PROFITS FROM ALL SOURCES WITHIN  (municipality or school district) WAS  : Please attach a copy of all of your last pay statements the political subdivision for the year prior to the fiscal year for to be exempted from the Local Services Tax.		
		please attach a copy of your PA Schedule C, F, or RK-1 for the r for which you are requesting to receive a refund of the Local		
5	ACTIVE DUTY MILITA directing you to active dut	RY EXEMPTION: Please attach a copy of your orders y status.		
6	MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator or its successor declaring your disability to be a total one hundred percent permanent disability.			
Tax Office: Keysto	ne Collections Group			
	endel Rd.	Phone #: 724 978-0300		
City/State: Irwin PA	<b>\</b>	Zip: _15642-4582		

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				
	<u> </u>			
	4.	<b>5.</b>	6.	
Employer Name	^			
Address				
Address 2				
City, State Zip				
Municipality				
Phone				
Start Date		,		
End Date				
Status (FT or PT)				
Gross Earnings				
official purposes reTAX.  I DECLARE UNDI	elating to the collection, adm	considered to be CONFIDENtinistration and enforcement  AT THE INFORMATION ST	of the LOCAL SERVICES	
SIGNATURE:	·	DATE:		
LST Refund 10-07				