

# Capital Tax Collection Bureau

www.captax.com

**Central Dauphin Division**  
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CARLISLE PA 17013-3336  
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## FOR LOWER PAXTON TOWNSHIP ONLY APPLICATION FOR \_\_\_\_\_ (enter tax year) EMST REFUND

**DIRECTIONS:** Complete the personal information (below) and employment information section (on reverse), check the appropriate section A through E, sign and date this application and submit along with any other requested documentation to the Capital Tax Collection Bureau, Central Dauphin Division listed above.

Personal Information (please print or type):

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_

I request a refund of the **LOWER PAXTON TOWNSHIP** (EMST) for the reason checked below. **PLEASE NOTE:** In EVERY case below you must submit proof of payment of ALL EMST that you claim to have paid. Examples of proof of payment are: Form EMST-2 (Certificate of Deduction) issued by the employer, a payroll check stub clearly identifying the deduction, and/or a receipted EMST-3 Form (Personal Billing for EMST) or cancelled check making personal payment.

- A \_\_\_ I paid two or more EMST for this tax year to Lower Paxton Township.
- B \_\_\_ I paid an EMST for this tax year on my principle occupation listed on line \_\_\_\_\_ of the "Employment Information" section of the reverse of this sheet. I paid \$ \_\_\_\_\_ in total EMST from all sources which exceeds the \$52 levy by \$ \_\_\_\_\_ which I am requesting a refund.
- C \_\_\_ I paid an EMST to the municipality listed above but I am not engaged in an occupation within this taxing jurisdiction.
- D \_\_\_ The occupation for which the EMST was paid was for that of a clergy person.
- E \_\_\_ I paid an EMST to Lower Paxton Township for this tax year but made less than \$12,000 gross income from all sources during the tax year. All sources include all income reported on your PA-40 return and adjusting for the gross receipts from your Schedule C, K-1 or E and not the net that was reported on PA-40. You must provide copies of your PA-40 for the year that you are requesting a refund. If you filed a joint PA-40 with your spouse you must provide copies of all W-2s and supporting schedules. Interest and dividends will be allocated at a 50/50 split unless you can prove otherwise.

Under penalties of perjury I declare that to the best of my knowledge and belief, the above statements and documents submitted with this request are true, correct, and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Employment Information:** (List all places you are or were employed for the tax year. If listing self-employment write "SELF" under employer's name column. If full time employment mark (FT) and part-time mark (PT))

| Employer's Name<br>& Local Address | Phone Number/<br>-----<br>Date Employed | Municipality within which<br>you worked for this<br>employer | Gross earning for this tax<br>year, or this tax year to<br>date |
|------------------------------------|-----------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|
| 1                                  |                                         |                                                              |                                                                 |
|                                    | -----                                   |                                                              | \$                                                              |
|                                    |                                         |                                                              |                                                                 |
| 2                                  |                                         |                                                              | \$                                                              |
|                                    | -----                                   |                                                              | \$                                                              |
|                                    |                                         |                                                              |                                                                 |
| 3                                  |                                         |                                                              | \$                                                              |
|                                    | -----                                   |                                                              | \$                                                              |
|                                    |                                         |                                                              |                                                                 |
| 4                                  |                                         |                                                              | \$                                                              |
|                                    | -----                                   |                                                              | \$                                                              |
|                                    |                                         |                                                              |                                                                 |
| 5                                  |                                         |                                                              | \$                                                              |
|                                    | -----                                   |                                                              | \$                                                              |
|                                    |                                         |                                                              |                                                                 |
| 6                                  |                                         |                                                              | \$                                                              |
|                                    | -----                                   |                                                              | \$                                                              |
|                                    |                                         |                                                              |                                                                 |