

Capital Tax Collection Bureau

www.captax.com

Central Dauphin Division
425 PRINCE ST
HARRISBURG PA 17109-1734
(717) 545-2791 Phone
(717) 545-3028 Fax

Harrisburg Division
2301 N 3RD ST
HARRISBURG PA 17110-1893
(717) 234-3217 Phone
(717) 234-2962 Fax

Carlisle Division
19 S HANOVER ST STE 102
CARLISLE PA 17013-3336
Phone (717) 243-3725
Fax (717) 243-9224

FOR CENTRAL DAUPHIN DIVISION ONLY APPLICATION FOR 2007 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 _____ (enter name of municipality) 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 the taxing jurisdiction named above..
- 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 the taxing jurisdiction named above 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 & Local Address	Phone Number/ ----- Date Employed	Municipality within which you worked for this employer	Gross earning for this tax year, or this tax year to date
1			
	-----		\$
2			\$
	-----		\$
3			\$
	-----		\$
4			\$
	-----		\$
5			\$
	-----		\$
6			\$
	-----		\$