

2008 APPLICATION FOR REFUND FROM THE LOCAL SERVICES TAX (LST)

Only for use with Taxing Jurisdictions whose LST is collected by the Capital Tax Collection Bureau (CTCB) (4/3/08 version)

I am requesting an exemption from the following LST: Municipality _____
 County _____

Social Security No.	Daytime Phone No.
Employee Name:	
Street Address:	
City/State/Zip:	

Instructions: Check, & complete where necessary, the item number below that pertains to your refund request. Item numbers 1-4 below result in a refund of both municipal & school portions of the tax, where applicable. Item number 5 often results in a refund of only the municipal portion of an LST. Refer to SCHEDULE I on the back of this form to determine the amount of any possible refund for number 5 (Low-Income Exemption). In EVERY case below you must submit proof of payment of ALL LST that you claim to have paid. Examples of proof of payments are: employer issued W-2 Forms or payroll check stubs clearly identifying the deduction and the period thereof, and/or a receipted LST-3 Form (Personal Billing for LST) or cancelled check making personal payment.

1. _____ **MULTIPLE CONCURRENT OCCUPATIONS:** Complete a refund request form (i.e., this form) for each different concurrent period for which you are claiming a multiple payment. Attach documents to verify, by the concurrent period, LST amounts paid, earnings and/or net profits, and your principle occupation for such period. Complete all the information below, **listing your principle employer in Row "A."**

This refund request is for the concurrent period of: (begin date) _____ through (end date) _____					
Employer name or "SELF" if paid personally	Date began work in <u>concurrent period</u>	Earnings <u>during concurrent period</u>	Taxing jurisdiction(s) for whom LST was paid	LST payment amount for <u>concurrent period</u>	LST payment amount for entire tax year
A.	/ /	\$		\$	\$
B.	/ /	\$		\$	\$
C.	/ /	\$		\$	\$
D.	/ /	\$		\$	\$

2. _____ **ACTIVE DUTY MILITARY EXEMPTION:** Attach a copy of your orders directing you to active duty status for the year of the refund request.

3. _____ **CLERGY EXEMPTION:** I paid an LST based on my occupation as clergy. Enter the name, address, phone number & contact person & title for the church, temple, etc., for which you are/were employed: _____

4. _____ **MILITARY DISABILITY EXEMPTION:** 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 exemption.

5. _____ **LOW-INCOME EXEMPTION** (Refer to SCHEDULE I on the back of this form to determine appropriate entries for the blanks below): **Important Note:** No "Low-Income Exemption" refunds will be processed until **after the end** of the tax year.
 My total earned income and net profits from all sources within the municipality of _____ was less than \$ _____ (Column C). I therefore qualify for a refund of \$ _____ (lesser of actual LST paid or Column B, less amount in Column E) reducing my LST liability to \$ _____ (Column E).

I DECLARE UNDER PENALTY OF LAW THAT ALL THE INFORMATION STATED ON AND SUBMITTED WITH THIS FORM IS TRUE, CORRECT AND COMPLETE:

Taxpayer Signature: _____ Date: _____

SCHEDULE I. – 2008 LOW-INCOME EXEMPTION INFORMATION ► HOW TO USE: Look first for the MUNICIPALITY in which your occupation is located, if it is not listed, look for the SCHOOL DISTRICT in which your occupation is located.

A	B	C	D	E	F
COUNTY Taxing Jurisdiction	2008 LST Tax Amount (combined if applicable)	Low Income Exemption Limit	Maximum Amount Exempt if <u>Low- Income</u> Exemption	Amount NOT Exempt if <u>Low-Income</u> Exemption	CTCB Division Serving this Taxing Jurisdiction
CUMBERLAND COUNTY					
Big Spring SD	\$10.00	N/A	\$0.00	\$10.00	Carlisle
Carlisle Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Carlisle
Dickinson Twp.	\$52.00	< \$12,000	\$52.00	\$0.00	Carlisle
Hopewell Twp.	\$10.00	N/A	\$0.00	\$10.00	Carlisle
Mount Holly Springs Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Carlisle
Newville Bo.	\$10.00	N/A	\$0.00	\$10.00	Carlisle
North Middleton Twp.	\$52.00	< \$12,000	\$52.00	\$0.00	Carlisle
Shippensburg Area SD	\$10.00	N/A	\$0.00	\$10.00	Carlisle
Shippensburg Bo.	\$52.00	< \$12,000	\$47.00	\$5.00	Carlisle
Shippensburg Twp.	\$52.00	< \$12,000	\$47.00	\$5.00	Carlisle
South Middleton SD	\$10.00	N/A	\$0.00	\$10.00	Carlisle
South Newton Twp.	\$35.00	< \$12,000	\$30.00	\$5.00	Carlisle
Southampton Twp.	\$10.00	N/A	\$0.00	\$10.00	Carlisle
DAUPHIN COUNTY					
Harrisburg City	\$52.00	< \$12,000	\$47.00	\$5.00	Harrisburg
Highspire Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
Lower Paxton Twp.	\$52.00	< \$12,000	\$52.00	\$0.00	Central Dauphin
Steelton Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
Swatara Twp.	\$52.00	< \$12,000	\$52.00	\$0.00	Central Dauphin
West Hanover Twp.	\$52.00	< \$12,000	\$52.00	\$0.00	Central Dauphin
FRANKLIN COUNTY					
Shippensburg Area SD	\$10.00	N/A	\$0.00	\$10.00	Carlisle
Shippensburg Bo.	\$52.00	< \$12,000	\$47.00	\$5.00	Carlisle
PERRY COUNTY					
Bloomfield Bo.	\$25.00	< \$12,000	\$25.00	\$0.00	Harrisburg
Howe Twp.	\$20.00	< \$12,000	\$20.00	\$0.00	Harrisburg
Marysville Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
Newport Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
(New) Bloomfield Bo.	\$25.00	< \$12,000	\$25.00	\$0.00	Harrisburg
Penn Twp.	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
Watts Twp.	\$10.00	N/A	\$0.00	\$10.00	Harrisburg

SCHEDULE II. -- CTCB DIVISION OFFICES (Find the appropriate Division for a particular taxing jurisdiction in Schedule I. above [Columns A & F] & match to appropriate CTCB Division below)

CAPITAL TAX COLLECTION BUREAU CARLISLE DIVISION 19 S HANOVER ST STE 102 CARLISLE PA 17013-3336 Phone: (717) 243-3725 Fax: (717) 243-9224	CAPITAL TAX COLLECTION BUREAU CENTRAL DAUPHIN DIVISION 425 PRINCE ST HARRISBURG PA 17109-1734 Phone: (717) 545-2791 Fax: (717) 545-3028	CAPITAL TAX COLLECTION BUREAU HARRISBURG DIVISION 2301 N 3RD ST HARRISBURG PA 17110-1893 Phone: (717) 234-3217 Fax: (717) 234-2962
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