

## LOCAL SERVICES TAX (LST) – REFUND APPLICATION

Tax Year: \_\_\_\_\_

I am requesting refund 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 the 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.

<b>1. ____</b>	<b>MULTIPLE CONCURRENT OCCUPATIONS:</b> 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, <u>by the concurrent period</u> , LST amounts paid, earnings and/or net profits, and your principle occupation for such period. Complete all the information below, <u>listing your principle employer in Row “A.”</u>
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**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 concurrent period	Earnings during concurrent period	Taxing jurisdiction(s) for whom LST was paid	LST payment amount for concurrent period	LST payment amount for entire tax year
A.		\$		\$	\$
B.		\$		\$	\$
C.		\$		\$	\$
D.		\$		\$	\$

<b>2. ____</b>	<b>ACTIVE DUTY MILITARY EXEMPTION:</b> Attach a copy of your orders directing you to active duty status for the year of the refund request.
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<b>3. ____</b>	<b>CLERGY EXEMPTION:</b> 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: _____
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<b>4. ____</b>	<b>MILITARY DISABILITY EXEMPTION:</b> 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.
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<b>5. ____</b>	<b>LOW-INCOME EXEMPTION</b> (Refer to SCHEDULE I on the back of this form to determine appropriate entries for the blanks below): <b>Important Note:</b> No “Low-Income Exemption” refunds will be processed until <i>after the end</i> 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).
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**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. – 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	LST Tax Amount (combined if applicable)	Low Income Exemption Limit	Amount Exempt if Low-Income Exemption	Amount <b>NOT</b> Exempt if Low- Income Exemption	CTCB Division Serving this Taxing Jurisdiction
<b>DAUPHIN COUNTY</b>					
Harrisburg City	\$52.00	< \$12,000	\$47.00	\$5.00	Harrisburg
Highspire Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
Steeltown Bo.	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
<b>PERRY COUNTY</b>					
(New) Bloomfield Bo.	\$52.00	< \$12,000	\$52.00	\$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
Penn Twp	\$52.00	< \$12,000	\$52.00	\$0.00	Harrisburg
Watts Twp.	\$10.00	N/A	\$0.00	\$10.00	Harrisburg
<b>JUNIATA COUNTY</b>					
Fermanagh Twp.	\$52.00	<\$12,000	\$52.00	\$0.00	Juniata
Susquehanna Twp.	\$52.00	< \$12,000	\$52.00	\$0.00	Juniata
<b>SOMERSET COUNTY</b>					
Boswell Boro	\$40.00	<\$12,000	\$52.00	\$0.00	Somerset
Conemaugh Twp SD	\$10.00	N/A	\$0.00	\$10.00	Somerset
Jennerstown Boro	\$52.00	<\$12,000	\$52.00	\$0.00	Somerset
Paint Bo.	\$52.00	< \$12,000	\$47.00	\$5.00	Somerset
Paint Twp.	\$52.00	< \$12,000	\$47.00	\$5.00	Somerset
Scalp Level Bo.	\$10.00	N/A	\$0.00	\$10.00	Somerset
Somerset Bo.	\$52.00	<\$12,000	\$47.00	\$5.00	Somerset
Windber Bo.	\$52.00	< \$12,000	\$47.00	\$5.00	Somerset

**SCHEDULE II. -- CTCB DIVISION OFFICES** (Find the appropriate Division for a particular taxing jurisdiction in Schedule I. Above)

CAPITAL TAX COLLECTION BUREAU <b>HARRISBURG DIVISION</b> 2301 N 3RD ST HARRISBURG PA 17110-1893 Phone: (717) 234-3217 Fax: (717) 234-2962	CAPITAL TAX COLLECTIO BUREAU <b>JUNIATA DIVISION</b> 4226 WILLIAM PENN HWY, STE 5 MIFFLINTOWN PA 17059 Phone : (717) 436-2796	CAPITAL TAX COLLECTION BUREAU <b>SOMERSET DIVISION</b> PO BOX 146 SOMERSET PA 125501 Phone: (814) 701-2475 Fax: (814) 443-6751
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**SCHEDULE III. – COTERMINOUS EMPLOYER INFORMATION** – List all places of employment for the applicable tax year. List your PRIMARY EMPLOYER under # 1 below and your secondary employers under the other columns. If self-employed, enter SELF in the “Employer Name” Row. If you need to list more than 3 employers use an additional Exemption Form & change the numbers of the employers listed to 4., 5, etc.

	1. Primary Employer	2.	3.
Employer Name			
Street Address 1			
Street Address 2			
City, State & Zip Code			
Municipality			
Phone			
Start Date			
Status (Full or Part Time)			
Expected earnings for tax year			