

**2014 APPLICATION FOR REFUND FROM THE LOCAL SERVICES TAX (LST)**

Only for use with Taxing Jurisdictions who's LST is collected by the Capital Tax Collection Bureau (CTCB) (1/15/13 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 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.	/ /	\$		\$	\$

**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. – 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
COUNTY Taxing Jurisdiction	2014 LST Tax Amount (combined if applicable)	Low Income Exemption Limit	Amount Exempt if <u>Low- Income</u> Exemption	Amount <b>NOT Exempt</b> if <u>Low-Income</u> Exemption
<b>DAUPHIN COUNTY</b>				
Harrisburg City	\$52.00	< \$12,000	\$47.00	\$5.00
Highspire Boro	\$52.00	< \$12,000	\$52.00	\$0.00
Steelton Boro	\$52.00	< \$12,000	\$52.00	\$0.00
<b>PERRY COUNTY</b>				
(New) Bloomfield Bo.	\$52.00	< \$12,000	\$52.00	\$0.00
Howe Twp.	\$20.00	< \$12,000	\$20.00	\$0.00
Marysville Bo.	\$52.00	< \$12,000	\$52.00	\$0.00
Newport Bo	\$52.00	< \$12,000	\$52.00	\$0.00
Penn Twp	\$52.00	< \$12,000	\$52.00	\$0.00
Watts Twp	\$10.00	N/A	\$0.00	\$10.00
<b>JUNIATA COUNTY</b>				
Fermanagh Twp.	\$52.00	<\$12,000	\$52.00	\$0.00
Susquehanna Twp.	\$52.00	< \$12,000	\$52.00	\$0.00
<b>HUNTINGDON COUNTY</b>				
Morris Twp	\$40.00	NONE	\$40.00	\$0.00
<b>SOMERSET COUNTY</b>				
<b>NORTH STAR SD</b>				
Boswell Boro	\$40.00	<\$12,000	\$40.00	\$0.00
Jenner Twp	\$10.00	<\$12,000	\$10.00	\$0.00
Jennerstown Boro	\$52.00	NONE	\$52.00	\$0.00
Quemahoning Twp	\$10.00	NONE	\$10.00	\$0.00
<b>CONEMAUGH TWP SD</b>				
Conemaugh Twp	\$52.00	<\$12,000	\$47.00	\$5.00
<b>SOMERSET AREA SD</b>				
Jefferson Twp	\$5.00	NONE	\$5.00	\$5.00
Lincoln Twp	\$52.00	<\$12,000	\$47.00	\$5.00
Somerset Boro	\$52.00	<\$12,000	\$47.00	\$5.00
Somerset Twp	\$5.00	NONE	\$5.00	\$5.00
<b>WINDBER AREA SD</b>				
Ogle Twp	\$10.00	NONE	\$10.00	\$10.00
Paint Boro	\$52.00	< \$12,000	\$52.00	\$0.00
Paint Twp	\$52.00	<\$12,000	\$52.00	\$0.00
Windber Boro	\$52.00	<\$12,000	\$52.00	\$0.00
Scalp Level Boro,Cambria Cty	\$10.00	NONE	\$10.00	\$0.00
<b>MEYERSDALE AREA SD</b>				
Summit Twp	\$52.00	<\$12,000	\$52.00	\$0.00

**SCHEDULE II. -- CTCB DIVISION OFFICES**

CAPITAL TAX COLLECTION BUREAU <b>HARRISBURG DIVISION</b> PO BOX 60547 HARRISBURG PA 17106-0547 Phone: (717) 234-3217 Fax: (717) 234-2962	CAPITAL TAX COLLECTION BUREAU <b>HUNTINGDON DIVISION</b> 18839 SANDY RIDGE STATION STE 2 ORBISONIA PA 17243 Phone: (814) 473-3111 Fax: (814) 473-3113	CAPITAL TAX COLLECTION BUREAU <b>SOMERSET DIVISION</b> PO BOX 146, 2209 N CENTER ST SOMERSET PA 15501 Phone: (814) 701-2475 Fax: (814) 701-2318
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