2017 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) (01/03/17 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 and complete where necessary, the item number below that pertains to your refund request. o 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 the 2015 LST Rate Table 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 separate refund request 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)								
		Date began	Farnings			LST payment		

	Date began	Earnings		LST payment	
	work <u>in</u>	<u>during</u>		amount <u>for</u>	LST payment
Employer name or "SELF" if paid	concurrent	concurrent	Taxing jurisdiction(s) for whom	<u>concurrent</u>	amount for
personally	<u>period</u>	<u>period</u>	LST was paid	<u>period</u>	entire tax year
A.	/ /	\$		\$	\$
В.	/ /	\$		\$	\$
C.	/ /	\$		\$	\$
D.	/ /	\$		\$	\$

I DECLARE UNDER PENALTY OF LAW THAT ALL THE INFORM	MATION STATED ON AND SUBMITTED WITH THIS	5 FORM IS
TRUE, CORRECT AND COMPLETE:		

Taxpayer Signature:	Date:	
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