

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.

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| 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, <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, listing your principle employer in Row “A.” |
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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. | | \$ | | \$ | \$ |

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| 2. ____ | ACTIVE DUTY MILITARY EXEMPTION: Attach a copy of your orders directing you to active duty status for the year of the refund request. |
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| 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: _____ |
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| 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. |
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| 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 <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 | 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 |
| Hopewell Twp. | \$10.00 | N/A | \$0.00 | \$10.00 | Carlisle |
| Newville Bo. | \$52.00 | < \$12,000 | \$47.00 | \$5.00 | 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 |
| Steelton Bo. | \$52.00 | < \$12,000 | \$52.00 | \$0.00 | Harrisburg |
| West Hanover Twp. | \$52.00 | < \$12,000 | \$52.00 | \$0.00 | Harrisburg |
| 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. | \$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 |
| (New) Bloomfield 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 |
| JUNIATA COUNTY | | | | | |
| Susquehanna Twp. | \$52.00 | <\$12,000 | \$52.00 | \$0.00 | Harrisburg |
| SOMERSET COUNTY | | | | | |
| Paint Boro. | \$52.00 | <\$12,000 | \$52.00 | \$0.00 | Harrisburg |
| Paint Twp. | \$52.00 | <\$12,000 | \$52.00 | \$0.00 | Harrisburg |
| Windber Boro. | \$52.00 | <\$12,000 | \$52.00 | \$0.00 | Harrisburg |

SCHEDULE II. -- CTCB DIVISION OFFICES Find the appropriate Division for a particular taxing jurisdiction in Schedule I. above.

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| 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 HARRISBURG DIVISION 2301 N 3RD ST HARRISBURG PA 17110-1893 Phone: (717) 234-3217 Fax: (717) 234-2962 |
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