

2018 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.
 - 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) _____

Employer name or "SELF" if paid personally	Date began work in <u>concurrent period</u>	Earnings during <u>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: Only 100% permanent disabilities are recognized for this exemption.

Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability.

5. _____ LOW-INCOME EXEMPTION (Refer to **2015 LST Rate Table** 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: _____