2020 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 2020 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 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: 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 **2020 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: _____