



EMST - CLAIM FOR REFUND

P.O. Box 923, Bangor, PA 18013

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Phone (866) 553-5219 or (610) 599-3142

YEAR

Attach copy of pay stub or receipts and copy of 1040 and W-2's

INSTRUCTIONS

To qualify for a refund, the total EMST must be in excess of \$52.00, unless the multiple EMST withholdings are from the same locality.

Application must be signed *** and filed with Berkheimer (Emergency and Municipal Services Tax Administrator) Attach copy of pay stub showing deduction by employer or receipt of EMST-3, Copy B, when self-employed, for evidence of payment.

Federal 1040 and W-2's must be shown or furnished when applying under #2 below.

Proof of age must be shown or furnished when applying for #3 below.

NO REFUND WILL BE MADE UNLESS THE DATED PAY STUB SHOWING DEDUCTIONS OR RECEIPT (EMST-2), AS REQUIRED, IS PROVIDED. PLEASE NOTE, YOU MAY STILL BE SUBJECT TO THE TAX AMOUNT DUE THE SCHOOL DISTRICT, IF ONE IS IN PLACE. ALLOW UP TO 75 DAYS FOR PROCESSING.

Name of Applicant _____ Soc. Sec. No. _____

Address _____

Street City State Zip Code

Phone No. _____

Reason for your claim:

- MULTIPLE DEDUCTION OR PAYMENT: Retain copy of pay stub.** When self-employed and duplicate payment was made, attach extra copy.

<u>Employer</u>	<u>Employer Locality</u>	
A. _____	_____	(1st Employer in 20 ____)
B. _____	_____	(2nd Employer in 20 ____)
C. _____	_____	(3rd Employer in 20 ____)

- DID NOT REACH MINIMUM EARNINGS FOR THE MUNICIPALITY EXEMPTION IN WHICH TAX WAS DEDUCTED.** Please be advised that the same income exemption may not apply for School District portion of tax. **(List your total earnings from all sources of income within the calendar year and also indicate the employer(s) who deducted the tax from your wages.)** This is the tax period from January 1 to December 31, inclusive. **Copy of Federal 1040, W-2's and pay stub for year of Refund must be attached. (NO DOCUMENTS - NO REFUND)**

<u>Employer (s) - Name (s) - Address (es)</u>	<u>Wages</u>
A. _____	_____
B. _____	_____
C. _____	_____

- UNDER 18 YEARS OLD** (Individual must be 18 years old by January 1 of the calendar year to be liable for the tax. **This applies only to those districts indicating this exemption in their ordinance or resolution.**

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION
HEREIN CONTAINED IS TRUE AND CORRECT.

Please submit request to: PO Box 923, Bangor, PA 18013.

*** _____
Signature Date

\$ _____
Amount of Refund