LOCAL SERVICES TAX – REFUND APPLICATION

Tax Year	

<u>APPLICATION FOR REFUND FROM LOCAL SERVICES TAX</u>

- A copy of this application for a refund of the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to the tax office charged with collecting the Local Services Tax.
- ➤ This application for a refund of the Local Services Tax must be signed and dated.
- > No refund will be approved until proper documents have been received.

Name:	S	oc Sec #:	
		Phone #:	
City/State:	7	Cip:	
	<u>REASON FOR REFUND – C</u>	HECK ALL THAT APPLY	
1	I overpaid by more than \$1.		
2	I had the tax withheld when it should have been exempted.		
		e attach a copy of a current pay statement from your er, the length of the payroll period and the amount of on the reverse side of this form.	
4	LESS THAN \$: P from all employers within the poli which you are requesting to be exe	O NET PROFITS FROM ALL SOURCES WITHIN (municipality or school district) WAS lease attach a copy of all of your last pay statements tical subdivision for the year prior to the fiscal year for empted from the Local Services Tax.	
	• • • •	tach a copy of your PA Schedule C, F, or RK-1 for the ich you are requesting to receive a refund of the Local	
5directing you to a		MPTION: Please attach a copy of your orders	
		PTION: Please attach copy of your discharge orders nistrator or its successor declaring your disability to be	

Tax Office: Berkheimer Tax Innovations

Address: PO Box 25156 Phone #: (610) 588-0965

City/State: Lehigh Valley, PA Zip: 18002

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

	1. PRIMARY EMPLOYER	2.	3.	
Employer Name				
Address				
Address 2				
City, State Zip				
Municipality				
Phone				
Start Date				
End Date				
Status (FT or PT)				
Gross Earnings				
	•			
	4.	5.	6.	
Employer Name				
Address				
Address 2				
City, State Zip				
Municipality				
Phone				
Start Date				
End Date				
Status (FT or PT)				
Gross Earnings				
PLEASE NOTE:				
All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.				
I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:				
SIGNATURE:		DA7	ГЕ:	