

REFUND
APPLICATION
LOCAL SERVICE TAX

Tax Year 20_____

- A copy of this application for 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 Service Tax.
- This application for a refund of the Local Services Tax must be signed and dated.
- **No Refund will be approved until proper documentation has been received.**

Name: _____
Address: _____
City/State: _____

Soc Sec #: _____
Phone #: _____
Zip: _____

Reason For Refund

1. I overpaid by more than \$1.
2. I had the tax withheld when it should have been exempted.
3. **MULTIPLE EMPLOYERS:** Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.
4. **TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES** was **LESS THAN** \$_____: Please attach a copy of your Federal Tax Return for the year prior to the fiscal year for which you are requesting a refund of LST Tax.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the year prior to the fiscal year for which you are requesting to receive a refund of the LST Tax.

5. **ACTIVE DUTY MILITARY EXEMPTION:** Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption.
6. **MILITARY DISABILITY EXEMPTION:** Please attach copy of your discharge orders and a statement from the United States Veterans Administrator or its successor declaring your disability to be a total one hundred percent permanent disability.

Tax Office: Saegertown Borough
Address: 603 Erie Street, Po Box 558
City/State: Saegertown, PA
Zip: 16433

Phone #: 814-763-4600
Fax #: 814-763-2250

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. Other Employer	3. Other Employer
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4. Other Employer	5. Other Employer	6. Other Employer
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 SERVICE TAX**.

I DECLARE **UNDER PENALTY OF LAW** THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____