

LOCAL SERVICES TAX – REFUND APPLICATION

Application for refund from Local Service Tax for tax year: _____

- This application for a refund of the Local Services Tax (LST), and all necessary supporting documents, must be completed, signed, dated, and presented to the tax office charged with collection the Local Service Tax.
- **No refund will be approved until proper documentation has been received.**

Name: _____ Soc. Sec. #: _____
 Address: _____ Phone #: _____
 City/State: _____ Zip: _____

REASON FOR REFUND – CHECK ALL THAT APPLY

1. _____ I overpaid by more than \$1. (Attach evidence substantiating this claim.)
2. _____ I had the tax withheld when it should have been exempted.
3. _____ **MULTIPLE EMPLOYERS:** The tax was withheld during the same payroll period by multiple employers' based on a tax pro rata per payroll, and the employers have paid the tax amount withheld to the tax office. **(Attach copies of pay statements or other information to establish this fact. Please list all employers at the bottom of this form. If an employer has not yet paid the tax to the tax office, the employee should file an exemption certificate and request a refund from the employer.)**
4. _____ **LOW INCOME EXEMPTION - \$12,000:** My total earned income and net profits from all sources within DENVER BOROUGH were less than \$12,000. **(Attach copies of last pay statements or W-2 for the year for which you are requesting a refund.) (SELF-EMPLOYED INDIVIDUALS: please attach a copy of your PA Schedule C, F, or RK-1 for the year for which you are requesting a refund.)**
5. _____ **ACTIVE DUTY MILITARY EXEMPTION:** I was exempt from tax because my occupation within the jurisdiction imposing the tax is active military duty. **(Attach a copy of orders directing you to active duty status. Annual training is not eligible for exemption.)**

	1. Primary Employer	2. Second Employer	3. Third Employer
Employer Name			
Municipality			
Gross Earning			
Total LST Withheld (minus employer discount fee taken)			

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

SIGNATURE: _____ **DATE:** _____

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.

TAX OFFICE: Borough of Denver
 501 Main Street, Denver, PA 17517

Phone: 717-336-2831
 email: JHigh@denverboro.net

FOR BOROUGH USE ONLY	
\$ _____	_____/_____/_____
(Refund Amt.)	(Date)

Check number	