

LOCAL SERVICE TAX-REFUND APPLICATION

Tax Year _____

APPLICATION FOR REFUND FROM LOCAL SERVICE TAX

A copy of this application for a refund of the Local Service Tax (LST) and all necessary supporting documents must be forwarded and filed with the tax agency within 90 days of the date of the LST payment.

Local Service Tax. _____

No refund will be approved until proper documents have been received.

Name: _____ Social Security Number: _____

2. _____ I had the tax withheld when it should have been exempted.

MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the range of the pay 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.

If you are self-employed, please attach a copy of your RA Schedule C, E, or DK I for the year.

ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders.

Employment Information: List all places of employment for the applicable tax year. Please list

columns. If self-employed, write SFR under Employer Name column.

Primary Employer	2	3							
Employer Name									
Address									
Phone									
Start Date									
Employer Name									
Address									
Municipality									
Phone									
End Date									
Status (LL or PL)									
Gross Earnings									

Please Note:

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