

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 completed and presented to the tax office charged with the collecting the Local Service Tax.
- This application for a refund of the Local Service Tax must be signed and dated.
- **No refund will be approved until proper documents have been received.**

Name: _____ Social Security Number: _____
Address: _____ Phone Number: _____
City/State: _____ Zip Code: _____

REASON FOR REFUND- CHECK ALL THAT APPLY

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 or the change.
4. _____ **TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN SCRANTON WAS LESS THAN \$ _____:** Please attach a copy of all of your last pay statements from all employers with the political subdivision for the year prior to the fiscal year for which you are requesting to be exempted from the Local Service Tax. If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-I for the year prior to the fiscal year for which you are requesting to be exempted from the Local Service 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. You are required to advise the tax office when you are discharged from active duty status.
6. _____ **MILITARY DISABILITY EXEMPTION:** Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

Remit to:

**Collector of Taxes
P.O. Box 20111
Scranton, PA 18502**

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: _____ DATE: _____