

LOCAL SERVICES TAX – REFUND REQUEST

Tax Year - 2015

APPLICATION FOR REFUND FROM LOCAL SERVICES TAX

- A copy of this application for a refund of the LST (Local Service Tax), and all necessary supporting documents must be completed and presented to: **City of Lock Haven, - Paula Dickey, City Treasurer.**
- 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: _____ Soc Sec #: _____

Address: _____ Phone #: _____

City/State: _____ Zip: _____

REASON FOR REFUND (Check all that apply)

Reason for your claim: Check and fill out section below as designated by your check mark. Attach Certificate (OP2) or (OP3) Receipt and W2's as required.

1. _____ MULTIPLE EMPLOYERS: Please 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. Please list all employers on the reverse side of this form.

Total Earnings within Lock Haven \$ _____ Total Earnings Elsewhere \$ _____

2. _____ Deduction or Payment when not engaged in Business or Occupation Within the Corporate Limits of the city of Lock Haven, PA.

3. _____ Under Age Eighteen and engaged in a business or occupation for which working papers are not required by law.

Date of Birth: Year _____ Month _____ Day _____

4. _____ TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN the **City of Lock Haven** WAS LESS THAN **\$12,000**. (Please attach a copy of all of your last pay statements from all employers within the political subdivision for the year prior to the fiscal year for which you are requesting to be exempted from the Local Services 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 Local Services Tax.

Employer's Name	Employer's Address	Wages Earned
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I declare under penalty of law that the information herein contained is true and correct.

Signature: _____ Date: _____

FOR USE BY TREASURER'S OFFICE

REFUND AMOUNT \$ _____

Confirmed? _____

City: \$ _____ KCSD \$ _____

01403-43140

Approved by: _____ Date: _____

City Manager

COMMENTS: