

Refund Application

- File this application for a refund of the Local Services Tax (LST), and all necessary supporting documents, with the tax officer charged with collecting the Local Services Tax.
- Mail application to Keystone Collections Group • P.O. Box 559 • Irwin, PA 15642.
- Sign and date this application (complete pages 1 and 2).
- For use by individual taxpayers only. **Employers: Do not submit this form.**

DO NOT FILE this refund request with your Earned Income Tax Return

Tax Year _____

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

No refund will be approved without proper supporting documents

Reason for refund (check all that apply)

- I overpaid by more than \$1.
- The tax was withheld when it should have been exempt.
- MULTIPLE EMPLOYERS: *Attach a copy of your final pay statement or W-2 from each employer for the year for which you are seeking a refund. Documents must show the **name of the employer, the length of the payroll period, the amount of Local Services Tax withheld and total earnings.** List all employer information on page 2 of this form.*
- TOTAL EARNED INCOME AND NET PROFITS from all sources within _____
 _____ (municipality and/or school district) was LESS THAN \$ _____
Attach a copy of your final pay statement(s) from employer(s) within the political subdivision for the year for which you are requesting a refund due to exempt status.
- If you are self employed, attach a copy of your PA Schedule C, F, or RK-1 for the year for which you are requesting a refund.*
- ACTIVE DUTY MILITARY EXEMPTION: *Attach a copy of your military orders directing you to active status.*
- MILITARY DISABILITY EXEMPTION: *Attach a copy of your military discharge orders and a statement from the United States Veterans Administration or the Department of Veterans Affairs declaring your total disability.*

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Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER in column 1 below and any secondary employers in the other columns. If self employed, write SELF in the Employer Name field.

	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			

DO NOT file this refund request with your Local Earned Income Tax Return

Under penalties of perjury, I declare that I have examined this information, including all accompanying documentation and statements and to the best of my belief, they are true, correct and complete.

SIGNATURE: _____ **DATE:** _____