LOCAL SERVICES TAX – REFUND APPLICATION

2017	
Tax Year	

APPLICATION FOR REFUND FROM LOCAL SERVICES TAX

- A copy of this application for a refund of the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to the tax office charged with collecting the Local Services Tax.
- ➤ This application for a refund of the Local Services Tax must be signed and dated.
- > No refund will be approved until proper documents have been received.

Name:		Soc Sec #:		
			Phone #:	
	REASON FOR REFUN	D – CHECK A	ALL THAT APPLY	
1	I overpaid by more than \$1.			
2	I had the tax withheld when it should have been exempted.			
For 2017 LST refunds, please attach your last pay stub from 2017 of your primary employer.	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.			
For 2017 LST refunds, please attach your 2017 W2 or PA	TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN (municipality or school district) WAS LESS THAN \$: 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.			
Schedule C, F, or RK-1		-	by of your PA Schedule C, F, or RK-1 for the requesting to receive a refund of the Local	
5	ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status.			
6	MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator or its successor declaring your disability to be a total one hundred percent permanent disability.			
	KLAND SCHOOL DISTRICT			
Address: PO BOX 200			610-351-5577	
City/State: OREF	FIELD PA	_ Zıp:	18069	

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	T			
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:		DA	ГЕ:	