

West Shore Tax Bureau

3607 Rosemont Avenue

Camp Hill PA 17011

www.westab.org

Telephone (717) 761-4902 Fax (717) 975-8955

Refund Application Local Services Tax for Tax Year _____

Your application for refund of the Local Services Tax must be signed, dated and presented to the West Shore Tax Bureau for approval. No refund will be approved without proper supporting documentation.

Name: _____ SSN: _____

Address: _____ Phone Number: _____

City, State and Zip Code: _____

Reason for Refund Request – Check All That Apply

- (1) I overpaid by more than \$ 1.00, for the _____ calendar year.
- (2) **Multiple Employers** – Please attach a copy of the final pay stubs for all employers. We need 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).**
- (3) Total Earned Income and Net Profits from all sources within _____ (municipality or school district) was less than \$_____. Please attach a copy of all final pay stubs for the year from all employers within the political subdivision for the year for which you are requesting a refund 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 year for which you are requesting to receive a refund of the Local Services Tax.
- (4) Active Duty Military Exemption – Please attach a copy of your orders directing you to active duty status.
- (5) Military Disability Exemption – Please attach a copy of your discharge orders and a statement from the United States Veterans Administrator or its successor declaring you to be completely and permanently disabled.

Employment Information – List all places of employment for the applicable tax year. If self employed, write *Self* under the employer name column.

	(1) Primary Employer	(2)	(3)
Employer Name			
Street Address			
City State Zip			
Municipality			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

	(4)	(5)	(6)
Employer Name			
Street Address			
City State Zip			
Municipality			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

All information received by the West Shore Tax Bureau is considered to be confidential and is only used for official purposes in 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: _____