

MILLERSVILLE BOROUGH OFFICE
100 Municipal Drive
Millersville, PA 17551 (717) 872-4645

LOCAL SERVICES TAX REFUND APPLICATION

Tax Year

This application for a refund of the Local Services Tax, and all necessary supporting documents, must be completed, signed, and presented to the Bureau. No refund will be approved until proper documentation has been received. No refund will be paid unless the refund amount owed is more than \$1.

Employee Name: Address: City/State: Soc. Sec. #: Phone #: Zip:

REASON FOR REFUND - CHECK ALL THAT APPLY

- 1. I had the tax withheld when I was exempt from withholding.
2. MULTIPLE EMPLOYERS/MULTIPLE PER PAYROLL TAX: The tax was withheld during the same payroll period by multiple employers based on a tax pro rata per payroll, and the employers have paid the tax amount withheld to the Bureau.
3. LOW INCOME EXEMPTION - \$12,000: My total earned income and net profits from all sources for the tax year was less than \$12,000 within (specify municipality and/or school district that imposes the tax - if both impose the tax, you work in more than one municipality, and you earned more than \$12,000 in aggregate but less than \$12,000 in one municipality, specify just the municipality).
4. ACTIVE DUTY MILITARY EXEMPTION: I was exempt from tax because my occupation within the jurisdiction imposing the tax was active military duty.
5. RELIGIOUS CLERGY EXEMPTION: Attach evidence that your sole occupation within the jurisdiction imposing the tax was performing services as a member of the religious clergy.
6. EXCESS PAYMENT: I paid more than the full amount of the tax to the municipality and/or school district imposing the tax, or paid for this tax year more than \$52 as a Local Services Tax based on an occupation within Pennsylvania.

Table with 4 columns: (Employee Complete), 1. Primary Employer, 2., 3. and rows: Employer Name, Municipality, Gross Earnings, Total LST Withheld.

Table with 4 columns: 4., 5., 6. and rows: Employer Name, Municipality, Gross Earnings, Total LST Withheld.

PLEASE NOTE: All information received by the Bureau is considered CONFIDENTIAL and is only used for collection, administration, and enforcement of the taxes collected by the Bureau or other official purposes.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: DATE:

FOR BUREAU USE ONLY
\$ (Refund Amt) / / (Date)