

LOCAL SERVICES TAX – REFUND APPLICATION

Tax Year

A copy of this application for refund of the Local services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the Borough of Cambridge Springs.

This application for a refund from 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

1. _____ I overpaid by more than \$1.00.
2. _____ I had the tax withheld when it should have been exempted.
3. _____ **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.

4. _____ **TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN Cambridge Springs Borough 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.

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.

5. _____ **ACTIVE DUTY MILITARY EXEMPTION:** Please attach a copy of your orders directing you to active duty status.

6. _____ **MILITARY DISABILITY EXEMPTION:** Please attach a copy of your discharge orders and a statement from the United States Veterans Administrator or its successor declaring your disability to be 100% permanent disability.

Cambridge Springs Borough 161 Carringer Street, Cambridge Springs, PA 16403
 (814) 398-2311 – phone (814) 398-1310 – fax

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY Employer and your secondary employers below. If self employed, write SELF under Employer Name column.

	Primary Employer	Employer
Employer Name		
Address		
City, State, Zip		
Municipality		
Phone		
Gross Earnings		
FT or PT		

	Employer	Employer
Employer Name		
Address		
City, State, Zip		
Municipality		
Phone		
Gross Earnings		
FT or PT		

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: _____ **DATE:** _____