

**LOCAL SERVICES TAX - REFUND APPLICATION**

**SEND ALL DOCUMENTS TO:**  
**DOROTHY R WHITE, TAX COLLECTOR**  
**LOYALSOCK TAX OFFICE**  
**2132 Northway Road**  
**Williamsport, PA 17701**  
**570-601-1212**

**APPLICATION FOR REFUND FROM LOCAL SERVICES TAX FOR 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 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.**

*(PLEASE PRINT)*

**NAME** \_\_\_\_\_ **SOC SEC #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **DAY PHONE #** \_\_\_\_\_

**CITY/STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Amount of refund requested \$** \_\_\_\_\_ *(must be more than \$1.00)*

1. \_\_\_\_\_ **I had tax withheld by multiple employers** ( *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. List all employers on reverse side of this form* )
2. \_\_\_\_\_ **My total earned income ( including tips) and net profits from all sources within Loyalsock Township was less that \$12,000 for the tax year.** ( *Attach a copy of all your last pay statements from ALL employers within Loyalsock Township for the tax year for which you are requesting a refund of Local Service Tax. If you are self-employed, attach a copy of your PA Schedule C,F,or RF-1 for the year for which you are requesting the refund* )
3. \_\_\_\_\_ **I am on active military duty** ( *Attach a copy of your orders directing you to active duty status.* )
4. \_\_\_\_\_ **I am a veteran with qualifying disability.** ( *Attach copy of your discharge orders and a statement from the United States Veterans Administration declaring your disability to be a total 100% permanent disability* )

**I declare under penalty of law that all statements made and documents submitted herein are true and correct to the best of my knowledge and belief.**

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Refund application and required supporting documents shall be mailed to the Loyalsock Tax Office at the address shown above, Attn. Dorothy R White, Tax Collector.

**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.**

	Primary Employer (1)	Secondary Employer (2)	Employer (3)
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			
LST Paid			

	Employer (4)	Employer (5)	Employer (6)
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			
LST Paid			

**PLEASE NOTE:**

**All information received by the Tax Collector is 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:** \_\_\_\_\_