

# LOCAL SERVICES TAX – REFUND APPLICATION

East Cocalico Township Tax Collector  
100 Hill Road  
Denver, PA 17517  
Phone (717) 336-1721 Fax (717) 336-1724  
[Tax\\_Collector@eastcocalicotownship.com](mailto:Tax_Collector@eastcocalicotownship.com)

## APPLICATION FOR REFUND OF LOCAL SERVICES TAX FOR \_\_\_\_\_ (YEAR)

\* 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 #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Amount of refund requested: \$** \_\_\_\_\_ (must be more than \$1)

### **REASON FOR REFUND – CHECK ALL THAT APPLY**

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 the reverse side of this form.
2. ☐ MY TOTAL EARNED INCOME (INCLUDING TIPS) AND NET PROFITS FROM ALL SOURCES WITHIN EAST COCALICO TOWNSHIP WAS LESS THAN \$12,000 FOR THE TAX YEAR. Attach a copy of all of your last pay statements from all employers within East Cocalico Township for the tax year for which you are requesting a refund of Local Services Tax. If you are self-employed, attach a copy of your PA Schedule C, F, or RK-1 for the year for which you are requesting to receive a refund of the Local Services Tax.
3. ☐ I AM ON ACTIVE MILITARY DUTY. Attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption.
4. ☐ I AM A VETERAN WITH A QUALIFYING DISABILITY. Attach copy of your discharge orders and a statement from the United States Veterans Administration declaring your disability to be a total one hundred percent permanent disability.

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

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

*Please mail refund application and required supporting documents to the East Cocalico Township Tax Collector at the address shown above.*

### EMPLOYMENT INFORMATION

List all places of employment for the applicable tax year. List your **PRIMARY EMPLOYER** first and your secondary employers, if applicable, next. If you are self-employed, write **SELF** under the 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/PT)	_____	_____	_____
Gross Earnings and <u>LST PAID</u>	_____	_____	_____

	EMPLOYER (4)	EMPLOYER (5)	EMPLOYER (6)
Employer Name	_____	_____	_____
Address	_____	_____	_____
Address 2	_____	_____	_____
City, State, ZIP	_____	_____	_____
Municipality	_____	_____	_____
Phone	_____	_____	_____
Start Date	_____	_____	_____
End Date	_____	_____	_____
Status (FT/PT)	_____	_____	_____
Gross Earnings And <u>LST PAID</u>	_____	_____	_____

**NOTE:** All information received by the Tax Collector is considered to be **CONFIDENTIAL** and is only used for official purposes related to the collection, administration and enforcement of the **LOCAL SERVICES TAX**.