**Cumberland County Tax Bureau**

21 Waterford Drive

Suite 201

Mechanicsburg, PA 17050

[www.cumberlandtax.org](http://www.cumberlandtax.org)

Telephone (717) 590-7997 Fax (717) 590-7998

**Refund Application**

**Local Services Tax for Tax Year** \_\_\_\_\_\_\_\_

Your application for the refund of the Local Services Tax must be signed, dated and presented to the

Cumberland County Tax Bureau for approval. No refunds 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.

1. **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 page 2 of this application.**

1. Total Earned Income and Net Profits from all sources within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/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 the

refund.

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.

1. Active Duty Military Exemption – Please attach a copy of your orders directing you to active

duty status.

1. 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.

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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 (F/T or P/T) |  |  |  |
| Gross Earnings |  |  |  |

(4) (5) (6)

|  |  |  |  |
| --- | --- | --- | --- |
| Employer Name |  |  |  |
| Street Address |  |  |  |
| City State Zip |  |  |  |
| Municipality |  |  |  |
| Phone |  |  |  |
| Start Date |  |  |  |
| Term Date |  |  |  |
| Status (F/T or P/T) |  |  |  |
| Gross Earnings |  |  |  |

All information received by the Cumberland County 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form LST 2013