## APPLICATION FOR REFUND FROM THE LOCAL SERVICES TAX (LST)

Only for use with Taxing Jurisdictions who's LST is collected by the Capital Tax Collection Bureau (CTCB)

I am requesting an exemption from the following LST:

Municipality\_\_\_\_

County

| Social Security No. | Daytime Phone No. |  |  |
|---------------------|-------------------|--|--|
| Employee Name:      |                   |  |  |
| Street Address:     | City/State/Zip:   |  |  |

## Instructions:

- Check and complete where necessary, the item number below that pertains to your refund request.
  - Item numbers 1-4 below *result in a refund of both municipal & school portions of the tax, where applicable.*
  - Item number 5 *often results in a refund of only the municipal portion of an LST*.
    - Refer to the LST Rate Table to determine the amount of any possible refund for number 5 (Low-Income Exemption).
- In **EVERY** case below you must submit proof of payment of **ALL LST** that you claim to have paid. Examples of proof of payments are:
  - ✓ Employer issued W-2 Forms or payroll check stubs clearly identifying the deduction and the period thereof

and/or

✓ A receipted LST-3 Form (Personal Billing for LST) or cancelled check making personal payment.

**1.** MULTIPLE <u>CONCURRENT</u> OCCUPATIONS: Complete a *separate refund request form for each different concurrent period* for which you are claiming a multiple payment.

Attach documents to verify by the concurrent period: LST amounts paid, earnings and/or net profits, and your principle occupation for such period.

\*Complete all the information below, listing your principle employer in Row "A."

This refund request is for the concurrent period of: (begin date) \_\_\_\_\_\_ through (end date)

| •                               | Date began        | Earnings          | ••••• <b>0</b>                  | LST payment       |                 |
|---------------------------------|-------------------|-------------------|---------------------------------|-------------------|-----------------|
|                                 | work <u>in</u>    | during            |                                 | amount <u>for</u> | LST payment     |
| Employer name or "SELF" if paid | <u>concurrent</u> | <u>concurrent</u> | Taxing jurisdiction(s) for whom | <u>concurrent</u> | amount for      |
| personally                      | period            | <u>period</u>     | LST was paid                    | <u>period</u>     | entire tax year |
| А.                              | / /               | \$                |                                 | \$                | \$              |
| В.                              | / /               | \$                |                                 | \$                | \$              |
| С.                              | / /               | \$                |                                 | \$                | \$              |
| D.                              | / /               | \$                |                                 | \$                | \$              |

2. \_\_\_\_ ACTIVE DUTY MILITARY EXEMPTION:

Attach a copy of your orders directing you to active duty status for the year of the refund request.

**CLERGY EXEMPTION:** I paid an LST based on my occupation as clergy.

Enter the name, address, phone number & contact person & title for the church, temple, etc., for which you are/were employed:\_\_\_\_\_

4. \_\_\_\_ MILITARY DISABILITY EXEMPTION: Only 100% permanent disabilities are recognized for this exemption. Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability.

| 5 | <b>LOW-INCOME EXEMPTION</b> (Refer to LST Rate Table to determine appropriate entries for the blanks below): |   |  |            |  |  |
|---|--|---|--|------------|--|--|
|   | IMPORTANT N  | IOTE: No "Low-Income Exemption" refunds will be process | ssed until <b>after the end</b> of the tax year. |            |  |  |
|   | My total earned income and net profits from all sources within the municipality of                           |   |  |            |  |  |
|   | than \$  | (Column C). I therefore qualify for a refund of \$      | (lesser of actual LST paid or Column B, le       | ess amount |  |  |

in Column E) reducing my LST liability to \$\_\_\_\_\_ (Column E).

## I DECLARE UNDER PENALTY OF LAW THAT ALL THE INFORMATION STATED ON AND SUBMITTED WITH THIS FORM IS TRUE, CORRECT AND COMPLETE:

Taxpayer Signature: \_\_\_\_