

LOCAL SERVICES TAX

REFUND APPLICATION



File completed application with Tax Officer

DO NOT FILE THIS FORM WITH YOUR EARNED INCOME TAX RETURN

[Click here to download LST Exemption Application](#)

Name	_____	Tax Year	_____
Address	_____	SSN	_____
City/State	_____	Phone	_____
Zip	_____		

Reason for Refund (check all that apply)

☐ Overpaid by more than \$1

☐ Exempt but withheld in error

☐ Multiple Employers *List all employers on page 2 of this form*

Provide employer information on reverse side. Attach a copy of your final pay statement from each employer.

Each statement must show:

- Name of employer
- Length of payroll period
- Amount of Local Services Tax withheld
- Total earnings

Notify employers of a change in principal place of employment within two weeks of the change

☐ Income Exemption

Annual income _____

Income exemption for Local Services Tax is \$12,000 or less from all sources of earned income and net profits, when the LST tax rate exceeds \$10 per year. Attach copy(s) of final pay statement(s) from employer(s). You may also attach a copy of your prior year W-2(s).

☐ Military (Active Duty or Disabled)

- *If you are Active-Duty military, attach copy of orders. Annual training is not eligible for exemption from LST.*
- *If you are disabled, attach a copy of your military discharge orders and a statement from the Department of Veterans' Affairs documenting your qualifying disability.*

☐ Clergy

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Contact the Tax Officer at www.KeystoneCollects.com for additional information regarding the Local Services Tax.

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EMPLOYMENT INFORMATION

1. List all places of employment for the applicable tax year.
2. List your **PRIMARY EMPLOYER** in column 1 (below) and any secondary employers in the other columns.
3. If you are self-employed, write SELF in the Employer Name field.

1. Primary Employer

2.

3.

Employer Name			
Address			
Address 2			
City/State/Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Gross Earnings			

4.

5.

6.

Employer Name			
Address			
Address 2			
City/State/Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Gross Earnings			

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I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and audit at any time.

Signature of Applicant

Date