

BERKS EARNED INCOME TAX BUREAU
1125 BERKSHIRE BLVD, SUITE 115, WYOMISSING, PA 19610
Phone: 610-372-8439 Toll Free: 1-855-372-8439
Fax: 610-372-1102 Email: beitb@berkseit.com

LOCAL SERVICES TAX – REFUND APPLICATION

_____ Tax 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 LST.
- > 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.**

Taxpayer Name: _____ Soc. Sec #: _____
Address: _____ Phone #: _____
City/State: _____ Zip: _____

REASON FOR REFUND – CHECK ALL THAT APPLY

1. _____ I overpaid by more than \$1.00. Amount of refund requested \$_____.
Please attach a copy of your final or year-end pay statements from all employers who withheld the tax.
2. _____ I had the tax withheld when it should have been exempted.
3. _____ **MULTIPLE EMPLOYERS:** Please attach a copy of your final or year-end pay statements from your employers who withheld the tax. The pay statements must show the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. Please list all employers on the reverse side of this form.
4. _____ **TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN**
_____ (municipality or school district) **WAS**
LESS THAN \$_____: Please attach a copy of all of your last pay statements from all employers within the political subdivision for the year prior to the fiscal year for which you are requesting to be exempted from the Local Services Tax.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the year prior to the fiscal year for which you are requesting to receive a refund of the Local Services Tax.
5. _____ **ACTIVE DUTY MILITARY EXEMPTION:** Please attach a copy of your orders directing you to active duty status.
6. _____ **MILITARY DISABILITY EXEMPTION:** Please attach a copy of your discharge orders and a statement from the United States Veterans Administration or its successor declaring your disability to be a total one hundred percent permanent disability.

Tax Office: Berks Earned Income Tax Bureau
Address: 1125 Berkshire Boulevard, Suite 115, Wyomissing, PA 19610
Phone: 610-372-8439 **Toll Free:** 1-855-372-8439 **Web:** www.berkseit.com

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. Also, when asked for the municipality, please indicate the municipality where you reported to work, not the corporate headquarters.

| | 1. PRIMARY EMPLOYER | 2. | 3. |
|--------------------------|---------------------|----|----|
| Employer Name | | | |
| Address | | | |
| Address 2 | | | |
| City State Zip | | | |
| Municipality | | | |
| Phone Number | | | |
| Start Date | | | |
| End Date | | | |
| Status (FT or PT) | | | |
| Gross Earnings | | | |

| | 4. | 5. | 6. |
|--------------------------|----|----|----|
| Employer Name | | | |
| Address | | | |
| Address 2 | | | |
| City State Zip | | | |
| Municipality | | | |
| Phone | | | |
| Start Date | | | |
| End Date | | | |
| Status (FT or PT) | | | |
| Gross Earnings | | | |

PLEASE NOTE:

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

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

SIGNATURE: _____ DATE: _____
