

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.
- Separate applications must be filed per Tax Year requesting a refund.
- **No refund will be approved until all proper documents have been received.**

Taxpayer Name: _____ Social Security #: _____
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 all 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 LST withheld. Please list all employers on the reverse side of this form.
4. _____ INCOME EXEMPTION - Total earned income and net profits from all sources within _____ (specify municipality or school district) was less than \$12,000: Please attach a copy of your final or year-end pay statements from all employers within the political subdivision for the year for which you are requesting a refund. The pay statements must show the name of the employer and the amount of LST withheld.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the Tax Year for which you are requesting 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

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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: _____