

**BOROUGH OF EAST PETERSBURG**  
**6076 Pine Street, Suite A, East Petersburg, PA 17520 (717) 569-9282**

LOCAL SERVICES TAX- REFUND REQUEST

\_\_\_\_\_  
 Tax Year

\* A copy of this application for exemption from the Local Services Tax (LST) and all necessary supporting documents (kept confidential), must be fully completed, signed, and presented to your employer AND to the Borough of East Petersburg.  
 \* No exemption will be approved until proper documentation for each reason has been received.

Employee Name: \_\_\_\_\_ Soc. Sec#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REASON FOR REFUND - CHECK ALL THAT APPLY**

1. \_\_\_\_\_ **MULTIPLE EMPLOYERS:** Exempt from withholding based on paying a local services tax per payroll to principal employer. I will notify employers of a change in principal place of employment within 2 weeks of the change. (Attach copy of a pay statement for the **tax year requested** from principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers at the bottom of this form.
2. \_\_\_\_\_ **EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN East Petersburg Borough will be less than \$12,000.** Attach copies of your last pay statements or your W-2 for the year prior. If self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. \_\_\_\_\_ **:ACTIVE DUTY MILITARY EXEMPTION:** Please attach a copy of your orders directing you to active duty status. Annual Training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. \_\_\_\_\_ **MILITARY DISABILITY EXEMPTION:** Please attach a copy of your discharge orders and statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

	1. PRIMARY EMPLOYER	2. SECOND EMPLOYER	3. THIRD EMPLOYER
Employer Name			
Address			
Address2			
City, State, Zip			
Municipality			
Status (FT or PT)			

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
 FOR BOROUGH USE ONLY

Refund Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_