

York Adams Tax Bureau
Tax Collection Services
1415 N. Duke St., PO Box 15627
York, PA 17405-0156
Phone (717) 854-8084 Fax (717) 854-6376

EMST REFUND REQUEST FORM

- This application must be presented to the York Adams Tax Bureau for approval.
- Attach evidence of EMST deduction from employer or, if self-employed, provide a copy of your cancelled check.

This refund is for calendar year _____.

Check one: Employer Deduction [] Self-Employed []

- W-2's or pay stubs **MUST** be attached if applying for a refund under numbers 1 or 2 below.
- PA-40 and all supporting documentation **MUST** be attached if applying for a refund under number 4 below. *No refunds will be issued until supporting documentation has been provided!*

Name: _____ Social Security #: _____ - _____ - _____

Address: _____

City, State, Zip: _____ Phone: (_____) _____ - _____

1ST Employer: _____ 1ST Municipality: _____

2ND Employer: _____ 2ND Municipality: _____
(Use back of form for additional employers)

I request a refund in the amount of \$ _____ of the _____ (enter name of municipality) Emergency and Municipal Services Tax (EMST) for the reason indicated below:

REASON FOR CLAIM

1. [] **MULTIPLE DEDUCTIONS:** (Attach copies of W-2's, paystubs or other proof of payment.)
2. [] **NOT ENGAGED IN BUSINESS OR OCCUPATION IN THIS MUNICIPALITY:**
3. [] **UNDER AGE LIMIT:** (Only as local ordinance applies. Proof of age required.)
4. [] **MY TOTAL INCOME FROM ALL SOURCES FOR TAX YEAR _____ WAS BELOW THE INCOME THRESHOLD FOR THIS MUNICIPALITY.** (As local ordinance applies. Copy of PA-40 and all supporting documentation must be attached.)

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ABOVE AND DOCUMENTS SUBMITTED WITH THIS REQUEST ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____

Do Not Write Below This Line

Your EMST refund request has been denied. Reason: _____
