



**York Adams Tax Bureau  
Employer Services**

1405 N. Duke St., PO Box 15627  
York, PA 17405-0156  
Phone (717) 845-1584 Fax (717) 854-6376  
[www.yatb.com](http://www.yatb.com)

**REFUND APPLICATION – LOCAL SERVICES TAX**

Tax Year: \_\_\_\_\_ Refund Requested: \$ \_\_\_\_\_

- **This refund application must be signed, dated, and presented to YATB for approval. No refund will be approved until proper supporting documents have been provided.**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

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

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

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

1. \_\_\_\_\_ I overpaid by more than \$1, for the \_\_\_\_\_ calendar year.
2. \_\_\_\_\_ I had the tax withheld when it should have been exempted.
3. \_\_\_\_\_ **MULTIPLE EMPLOYERS:** Please attach a copy of a current pay statement from your principal employer that shows 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 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 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 copy of your discharge orders and a statement from the United States Veterans Administrator or its successor declaring your disability to be a total one hundred percent permanent disability.

**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.**

	<b>1. PRIMARY EMPLOYER</b>	<b>2.</b>	<b>3.</b>
Employer Name			
Work Address			
Work Address 2			
City, State Zip			
LST Withheld (\$)			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

	<b>4.</b>	<b>5.</b>	<b>6.</b>
Employer Name			
Work Address			
Work Address 2			
City, State Zip			
LST Withheld (\$)			
Phone			
Start Date			
Term Date			
Status (FT or PT)			
Gross Earnings			

**PLEASE NOTE:**

**All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the Local Services Tax.**

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_