

CENTRE TAX AGENCY

LOCAL SERVICES TAX - REFUND APPLICATION

* PLEASE SEE REVERSE SIDE FOR RATE TABLE OF SCHOOL DISTRICTS/MUNICIPALITIES WE COLLECT LST FOR *

CENTRE TAX AGENCY - 243 S ALLEN ST - PO BOX 437 - STATE COLLEGE PA 16804-0437
PHONE: (814) 234-7120 FAX: (814) 234-7148 Email: centretaxagency@statecollegepa.us

- ▶ A copy of this application for a refund of the Local Services Tax (LST), and all necessary supporting documents, must be completed and submitted to the address listed above.
- ▶ This application for a refund of the LST must be signed and dated.
- ▶ **No refund will be approved until proper documentation has been received.**

Tax Year: _____ Phone Number: _____ Email Address: _____
Name: _____ Social Security Number: _____
Address: _____

Amount of Refund Requested: _____

REASON FOR REFUND

LOW INCOME*

My total Earned Income and Net Profits from ALL sources within the municipality of _____ (Boggs Twp, Bellefonte Boro, Benner Twp, Spring Twp, College Twp, Ferguson Twp, Harris Twp, Patton Twp, and State College Boro) was less than \$12,000.

My total Earned Income and Net Profits from ALL sources within the municipality of _____ (Burnside Twp, Howard Boro, Howard Twp, Huston Twp, Milesburg Boro, Port Matilda Boro, Snow Shoe Boro, Snow Shoe Twp, Union Twp, Unionville Boro, and Worth Twp) was less than \$1,500.

My total Earned Income and Net Profits from ALL sources within the municipality of _____ (Marion Twp, Walker Twp, and Halfmoon Twp) was less than \$1,000.

* The following documentation is required for a refund based on Low Income:

~ Employment Information Section completed on reverse side of this form.

~ Copy of W2s or last pay statements from all of your employers indicating LST withheld and year to date wages.

~ If you are self employed, please attach a copy of your PA Schedule C, F, or RK-1 for the tax year indicated above.

MULTIPLE EMPLOYERS - EXCESS LST WITHHOLDINGS*

The LST was deducted from more than one employer.

My Primary Employer overwithheld the LST by more than \$1.

* The following documentation is required for a refund based on Multiple Employers:

~ Employment Information Section completed on reverse side of this form.

~ Copy of W2s or last pay statements from all of your employers indicating LST withheld and year to date wages.

OTHER

Active Duty Military Exemption. I have attached a copy of my orders directing me to active duty status.

Military Disability Exemption. I have attached a copy of my discharge orders and a statement from the United States Veterans Administrator or its successor declaring my disability to be a total one hundred percent permanent disability.

Religious Clergy Exemption. I have attached evidence of my clergy status (letter or other document) attesting my earnings are attributed to religious fulfillment of work duties.

I am due a refund of LST based on the following (please provide your reason): _____

(Form continued on reverse side of this page.)

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.

	1. PRIMARY EMPLOYER	2.	3.
Employer Name			
Worksite Location			
Municipality			
Start Date			
End Date			
Exemption (XF or SS)			
Gross Earnings			
LST Withheld			

LEGEND: XF = EXEMPTION FORM FILED SS = SECONDARY STATEMENT FILED

CENTRE TAX AGENCY - LOCAL SERVICES TAX CHART		AMOUNT PER YEAR	MUNICIPAL INCOME THRESHHOLD	SCHOOL DISTRICT INCOME THRESHHOLD
SCHOOL DISTRICT	MUNICIPALITY			
BALD EAGLE AREA	BOGGS TWP	\$52.00	\$12,000	\$1,500
	BURNSIDE TWP	\$10.00	N/A	\$1,500
	HOWARD BORO	\$10.00	N/A	\$1,500
	HOWARD TWP	\$10.00	N/A	\$1,500
	HUSTON TWP	\$10.00	N/A	\$1,500
	MILESBURG BORO	\$10.00	N/A	\$1,500
	PORT MATILDA BORO	\$10.00	N/A	\$1,500
	SNOW SHOE BORO	\$10.00	N/A	\$1,500
	SNOW SHOE TWP	\$10.00	\$1,500	\$1,500
	UNION TWP	\$10.00	N/A	\$1,500
	UNIONVILLE BORO	\$10.00	N/A	\$1,500
	WORTH TWP	\$10.00	N/A	\$1,500
BELLEFONTE AREA	BELLEFONTE BORO	\$52.00	\$12,000	\$1,000
	BENNER TWP	\$52.00	\$12,000	\$1,000
	MARION TWP	\$10.00	N/A	\$1,000
	SPRING TWP	\$52.00	\$12,000	\$1,000
	WALKER TWP	\$10.00	N/A	\$1,000
STATE COLLEGE AREA	BENNER TWP	\$52.00	\$12,000	\$0
	COLLEGE TWP	\$52.00	\$12,000	\$0
	FERGUSON TWP	\$52.00	\$12,000	\$0
	HALFMOON TWP	\$10.00	\$1,000	\$0
	HARRIS TOWNSHIP	\$52.00	\$12,000	\$0
	PATTON TWP	\$52.00	\$12,000	\$0
	STATE COLLEGE BORO	\$52.00	\$12,000	\$0

All information received by the Centre Tax Agency is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LST. **The Centre Tax Agency reserves the right to request additional information to process the refund request if needed.** Please allow 90 days for processing, beginning from the date that your employer remits your withholdings to our office or from the date your refund request is received (whichever date is later).

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

SIGNATURE: _____ DATE: _____