

2012 LOCAL SERVICES TAX
REFUND APPLICATION FOR **YEAR 2011**
BOROUGH OF SOUTH WILLIAMSPORT

- This application and all necessary supporting documents, must be completed and presented to the Borough Office for a refund of the Local Services Tax.
- This application for a refund of the Local Services Tax must be signed and dated.
- **No refund will be approved until proper documents have been received.**

Name: _____ Soc. Sec. # _____

Address: _____ Phone #: _____

City/State/Zip: _____

REASON FOR REFUND (CHECK ALL THAT APPLY)

1. _____ **MULTIPLE EMPLOYERS:** Refund due to more than a total of \$52 withheld from wages from more than one employer. Please attach a copy of a current pay statement from your principal employer that shows the name of the employer, length of the payroll period and the amount of Local Services Tax withheld. Please list **all** employers on the reverse side of this form.

2. _____ **TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WAS LESS THAN \$12,000.00:** Please attach a copy of **all** W2 forms from **all** employers, a Deduction Certificate and a copy of your federal/state income tax for **2011** if you are requesting a refund of 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 fiscal year for which you are requesting to receive a refund of the Local Services Tax.

~~~~~

BOROUGH OF SOUTH WILLIAMSPORT  
329 West Southern Avenue  
South Williamsport, PA 17702  
(570) 322-0158

Refund approved by: \_\_\_\_\_ Date: \_\_\_\_\_

AMOUNT OF REFUND: \_\_\_\_\_ CHECK # \_\_\_\_\_ Date check mailed: \_\_\_\_\_

## EMPLOYMENT INFORMATION

List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER and secondary employers under the other appropriate columns. If self employed, write **SELF** under Employer Name column.

|                          | PRIMARY EMPLOYER | SECONDARY EMPLOYER |
|--------------------------|------------------|--------------------|
| <b>Employer Name</b>     |                  |                    |
| <b>Address</b>           |                  |                    |
| <b>City, State, Zip</b>  |                  |                    |
| <b>Municipality</b>      |                  |                    |
| <b>Phone</b>             |                  |                    |
| <b>Start Date</b>        |                  |                    |
| <b>End Date</b>          |                  |                    |
| <b>Status (FT or PT)</b> |                  |                    |
| <b>Gross Earnings</b>    |                  |                    |

|                          | ADDITIONAL EMPLOYER | ADDITIONAL EMPLOYER |
|--------------------------|---------------------|---------------------|
| <b>Employer Name</b>     |                     |                     |
| <b>Address</b>           |                     |                     |
| <b>City, State, Zip</b>  |                     |                     |
| <b>Municipality</b>      |                     |                     |
| <b>Phone</b>             |                     |                     |
| <b>Start Date</b>        |                     |                     |
| <b>End Date</b>          |                     |                     |
| <b>Status (FT or PT)</b> |                     |                     |
| <b>Gross Earnings</b>    |                     |                     |

All information received by South Williamsport Borough 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 THE FORM IS TRUE AND CORRECT:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_