

# TOWNSHIP OF PINE

ALLEGHENY COUNTY

230 Pearce Mill Road, Wexford, PA 15090

Homepage - <http://twp.pine.pa.us>

724-625-1591  
Facsimile 724-625-1560

## LOCAL SERVICES TAX REFUND APPLICATION

A completed copy of this application and all necessary supporting documents must be submitted to the Township of Pine Tax Office. The application **must** be signed and dated. **No refund will be processed until proper documentation has been received. Overpayment must be more than \$1.**

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

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

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

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

### REASON FOR REFUND (check all that apply)

- 1.) \_\_\_\_\_ **EXCESS PAYMENT:** I paid for this tax year more than \$52 in Local Services Tax. (Attach documentation to substantiate the claim.)
- 2.) \_\_\_\_\_ **MULTIPLE EMPLOYERS:** 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. List all employers on the reverse side of the form.
- 3.) \_\_\_\_\_ **LOW INCOME:** My total earned income and net profits from all sources within the Township of Pine was less than \$12,000. (Attach a copy of all of your last pay statements or W-2s from all employers in Pine for the year in which you are requesting a refund. If you are self-employed, attach a copy of your PA Schedule C, F or RK-1.)
- 4.) \_\_\_\_\_ **ACTIVE DUTY:** My occupation within the Township of Pine was active duty military. (Attach a copy of your orders directing you to active duty status).
- 5.) \_\_\_\_\_ **MILITARY DISABILITY:** I am an honorably discharged veteran with a 100% service-connected disability. (Attach a copy of your discharge orders and a statement from the United States Veterans Administration documenting your disability.)

**Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER in column #1 below and your secondary employers in the other columns. If self-employed, write SELF on the Employer Name line.**

|                       | 1.PRIMARY EMPLOYER | 2. | 3. |
|-----------------------|--------------------|----|----|
| <b>Employer name</b>  |                    |    |    |
| <b>Address</b>        |                    |    |    |
| <b>Address 2</b>      |                    |    |    |
| <b>City,State,Zip</b> |                    |    |    |
| <b>Municipality</b>   |                    |    |    |
| <b>Start Date</b>     |                    |    |    |
| <b>End Date</b>       |                    |    |    |
| <b>Gross earnings</b> |                    |    |    |
| <b>LST Withheld</b>   |                    |    |    |

**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:** \_\_\_\_\_