

**LEGAL TAX SERVICES, INC.
REFUND**

EMST-CLAIM FOR

714 Lebanon Road, West Mifflin, PA 15122

YEAR

*Attach copy of pay stub or receipts and copy of 1040 and W-2'S

INSTRUCTIONS

To qualify for a refund, the total EMST must be in excess of \$52.00, unless the multiple EMST withholdings are from the same locality.

Application must be signed and filed with Legal Tax Services (Emergency and Municipal Services Tax Administrator) Attach copy of pay stub showing deduction by employer or receipt of EMST-3 Copy B, when self-employed, for evidence of payment.

Federal 1040 and W-2's must be shown or furnished when applying under #2 below.

Proof of age must be shown or furnished when applying for #3 below.

****NO REFUND WILL BE MADE UNLESS THE DATED PAY STUB SHOWING DEDUCTIONS OR RECEIPT (EMST-2), AS REQUIRED, IS PROVIDED. PLEASE NOTE, YOU MAY STILL BE SUBJECT TO THE TAX AMOUNT DUE THE SCHOOL DISTRICT, IF ONE IS IN PLACE. PLEASE ALLOW UP TO 90 DAYS FOR PROCESSING.**

Name of Applicant: _____ Soc. Sec. No. _____

Address: _____
Street City State Zip Code

Reason for your claim:

- MULTIPLE DEDUCTION OR PAYMENT: **Retain copy of pay stub.** When self-employed and duplicate payment was made, attach extra copy.

<u>Employer</u>	<u>Employer Locality</u>
A. _____	_____ (1 st Employer in 20__)
B. _____	_____ (2 nd Employer in 20__)
C. _____	_____ (3 rd Employer in 20__)

2. DID NOT REACH MINIMUM EARNINGS FOR THE MUNICIPALITY EXEMPTION IN WHICH TAX WAS DEDUCTED. Please be advised that the same income exemption may not apply for School District portion of tax. **(List your total earnings from all sources of income within the calendar year and also indicate the employer(s) who deducted the tax from your wages.)** This is the tax period from January 1 to December 31, inclusive. **Copy of Federal 1040, W-2's and pay stub for year of Refund must be attached. (NO COPIES – NO REFUND)**

<u>Employer(s) - Name(s) - Address(es)</u>	<u>Wages</u>
A. _____	_____
B. _____	_____
C. _____	_____

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION
HEREIN CONTAINED IS TRUE AND CORRECT.

Signature Date \$ _____