



50 N. Seventh Street, Bangor, PA 18013

EMST - CLAIM FOR REFUND

NAME OF DISTRICT

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 Berkheimer (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 SHOWN. ALLOW UP TO 90 DAYS FOR PROCESSING.

Name of Applicant _____ Soc. Sec. No. _____

Address _____ Street _____ City _____ State _____ Zip Code _____

CHECK HERE: SELF-EMPLOYED EMPLOYED EMPLOYER

Reason for your claim:

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

- A. _____ (1st Employer in 20 ____)
- B. _____ (2nd Employer in 20 ____)
- C. _____ (3rd Employer in 20 ____)

- 2. DID NOT REACH MINIMUM EARNINGS FOR DISTRICT IN WHICH TAX WAS DEDUCTED (List your total earnings from all sources of income within the calender 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)

Employer (s) - Name (s) - Address (es) Wages

- A. _____
- B. _____
- C. _____

- 3. UNDER 18 YEARS OLD (Individual must be 18 years old by January 1 of the calender year to be liable for the tax. This applies only to those districts indicating this exemption in their ordinance or resolution.)

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

*** _____
Signature

Date

\$ _____
Amount of Refund