

City of Lower Burrell
115 Schreiber Street
Lower Burrell, PA 15068

Phone (724) 337-4381 Fax (724) 334-1261

EMST REFUND REQUEST FORM

- This application must be presented to the City of Lower Burrell Treasurer for approval.
- Attach evidence of EMST deduction from employer or, if self-employed, provide a copy of you cancelled check.

This refund is for calendar year _____.

Check one: Employer Deduction [] Self Employed []

- W-2 or pay stubs MUST be attached if applying for a refund under numbers 1 and 2 below.
- W-2's and all supporting documentation MUST be attached if applying for a refund under number 3 below. *No refunds will be issued until supporting documentation has been provided*

NAME: _____ SOCIAL SECURITY # _____ - _____ - _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: (_____) _____ - _____

1ST EMPLOYER: _____ 1ST MUNICIPALITY _____

2ND EMPLOYER: _____ 2ND MUNICIPALITY _____

I request a refund in the amount of \$ _____ from the City of Lower Burrell
Emergency and Municipal Services Tax (EMST) for the reason indicated below:

REASON FOR CLAIM

1. [] **MULTIPLE DEDUCTIONS:** (Attach copies of W-2's, pay stubs or other proof of payment.)
2. [] **NOT ENGAGED IN BUSINESS OR OCCUPATION IN THIS MUNICIPALITY.**
3. [] **MY TOTAL TAXABLE INCOME FROM ALL SOURCES FOR TAX YEAR _____
WAS BELOW THE EARNINGS THRESHOLD FOR THIS MUNICIPALITY. (\$1000.00)**
(As local ordinance applies. Copy of W-2 and all supporting documentation must be attached.)

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED
ABOVE AND DOCUMENTS SUBMITTED WITH THIS REQUEST ARE TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE: _____

Do Not Write Below This Line

REFUND: _____ DENIED: _____ CHECK # _____ REFUND DATE: _____

REASON: _____