

SARAH N. JUDGE
 COLLECTOR OF TAXES
 400 S. BLAKELY STREET
 DUNMORE, PA 18512
 570-343-7611 ext. 5 (telephone)
 570-343-8107 (fax)

REFUND APPLICATION - LOCAL SERVICES TAX (2014)

NAME: _____
 ADDRESS: _____

S.S. #: _____

REFUND REQUESTED: \$ _____

YEAR: _____

Multiple Payment of Tax (Proof of duplicate payment must be provided)

<u>Employer's Name & Address</u>	<u>Date Pd.</u>	<u>Amt. Pd.</u>	<u>Municipality Paid</u>

Gross Income Under Taxable Limit

If your total income, from all sources, is less than \$12,000, for the period January 1 thru December 31, of the year indicated above, complete section below.

<u>Employer's Name & Address</u>	<u>Total Income</u>
	\$
	\$
	\$
	\$
	\$
Net Profits from Self Employment	\$
TOTAL	\$

Proof of income must be attached to this form (Income tax forms filed with the IRS and/or PA Department of Revenue, Local Tax Form, 1099's, and all W-2's).

 Signature

 Date