

SARAH N. JUDGE
 COLLECTOR OF TAXES
 400 S. BLAKELY STREET
 DUNMORE, PA 18512
 570-343-5700 (telephone)
 570-343-8107 (fax)

REFUND APPLICATION - LOCAL SERVICES TAX (2010)

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> |
|--------------------------------------|-----------------|-----------------|--------------------------|
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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 _____