

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 (2011)

NAME:
 ADDRESS:

S.S. #::

REFUND REQUESTED:

YEAR:

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

Employer's Name & Address	Date Pd.	Amt. Pd.	Municipality Paid

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.

Employer's Name & Address	Total Income
	\$
	\$
	\$
	\$
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