

CITY OF PITTSBURGH - DEPARTMENT OF FINANCE

2008 & 2009 LOCAL SERVICES TAX REFUND FORM

Complete a separate refund form for each tax year

*** IF THIS FORM IS NOT COMPLETED CORRECTLY YOUR REQUEST COULD BE DENIED ***

_____ If the **\$52.00** Local Services Tax was withheld by more than one employer in a tax year, your 2nd employer must be located in the City of Pittsburgh. Enter the names of your employers in the blocks below and **ATTACH PROOF** from all employers. The required proof is a copy of your **last pay stub for the tax year** from each employer showing the total amount of tax that was withheld.

If your 2nd employer IS NOT located in the City of Pittsburgh, you need to contact the municipality that your 2nd employer is located in and request the refund from that municipality.

AND/OR

_____ in tax year _____, your **TOTAL EARNED INCOME**, earned in the City of Pittsburgh, was **under \$12,000.00**. Your employer must be located in the City of Pittsburgh.

Attach a **copy of your last pay stub** from tax year _____ showing the total amount of LST tax withheld and sent to the City of Pittsburgh.

Attach a **copy of all your W-2's** from all employers, located in the City of Pittsburgh, for the tax year _____.

_____ you did not work in the City of Pittsburgh and the \$52.00 LOCAL SERVICES TAX was withheld in error by your employer. **REQUIRES A LETTER OF EXPLANATION from your employer on company letterhead and proof of payment to another municipality.**
Refund will be denied without the letter.

_____ **EMPLOYER** refund (*not for individuals*) – enter City Account Number _____ and attach a letter of explanation, with tax year and refund amount you are requesting.

EMPLOYER NAME	LOCATION OF EMPLOYMENT & PHONE	
Principal Employer – 1 st employer to withhold the tax		
2 nd Employer – must be located in the City of Pittsburgh	Location must be in the City of Pittsburgh	
3 rd Employer – must be located in the City of Pittsburgh	Location must be in the City of Pittsburgh	
YOUR SOCIAL SECURITY NUMBER IS REQUIRED	REFUND AMOUNT REQUESTED	TAX YEAR YOU ARE REQUESTING

I hereby certify, swear and aver that all statements herein are true and correct to the best of my knowledge and belief, being duly apprised of my duty under the law to submit honest and complete information or be subject to the penalties provided by law.

PRINT NAME _____ **SIGNATURE** _____

ADDRESS _____

CITY/STATE/ZIP _____ **PHONE** _____

For questions or information call **412-255-8629** or 412-255-2510

MAIL TO: CITY OF PITTSBURGH – LST REFUND REQUEST – 414 GRANT ST RM 207 – PITTSBURGH PA 15219