



**LANCASTER COUNTY TAX COLLECTION BUREAU**

1845 William Penn Way, Lancaster, PA 17601

Telephone: (717) 569-4521

**EMERGENCY & MUNICIPAL SERVICES TAX (EMST)**

**REFUND REQUEST FOR \_\_\_\_\_**  
(Enter Tax Year)

**INSTRUCTIONS:** Complete the information requested below in its entirety and remit this form, along with any additional documentation that may be required, to the address listed above. *Refunds will only be granted after all information is verified and the bureau has received the withheld tax from your employer(s).*

**IMPORTANT NOTE:** Requests received without the required supporting documents or incomplete information will be denied without further notification.

**Taxpayer Information:** (please print neatly or type)

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No. \_\_\_\_\_

**Employer Information:**

My primary employer for the year was \_\_\_\_\_ and my work  
(Name of Employer)  
location was in \_\_\_\_\_.  
(Name of Municipality)

EMST was withheld by two or more employers and exceeds the \$52 maximum set by law.  
(Enclose copies of the payroll stubs showing the EMST withheld. Employers name and address must be included if not printed on the stubs.)

EMST was withheld, but my earnings did not exceed the exemption amount for the municipality.  
(Enclose a copy of the payroll stub showing the EMST withheld, along with a copy of your Federal 1040 tax return and W-2 forms, for the tax year in which the EMST was withheld.)

Duplicate EMST withheld by the same employer. (Enclose copies of payroll stubs.)

\*\*\*Employer and Municipality where EMST was paid that you are requesting to be refunded.\*\*\*

Employer(s) Name: \_\_\_\_\_

Municipality(s): \_\_\_\_\_

**I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ABOVE IS TRUE, CORRECT, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**FOR BUREAU USE ONLY**  
\$ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Refund Amt) (Date)