



Lancaster County Tax Collection Bureau

1845 William Penn Way, Suite One

Lancaster, PA 17601-6713

Phone: (717) 569-4521

Fax: (717) 569-1623

www.lctcb.org

EMPLOYER REFUND REQUEST FORM

Please complete refund request form in full, including an explanation, and mail or fax to our Bureau

Company Name: _____

FEIN: _____ Phone Number: _____

Contact Name: _____ Contact Email: _____

Account Overpaid:

Total Taxes Remitted (Including Overpayment): \$ _____ Overpayment: \$ _____

Amended Total (Excluding Overpayment): \$ _____

Quarter/Year: _____ / _____

Taxes Remitted in Error:

Amount Remitted in error: \$ _____ Check Number(s): _____

Quarter/Year: _____ / _____

Employee(s) Remitted in Error:

Employee Names/Social Security Number:

(Please attached additional employees on a separate sheet of paper)

_____ Total Remitted in Error: \$ _____

_____ Amended Reconciliation Total: \$ _____

_____ Tax Year/Quarter: _____ / _____

Other/Miscellaneous Refund Amount: \$ _____ Quarter/Year: _____ / _____

Explanation: _____

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund, and collection of taxes collected by LCTCB by requesting the Lancaster County Tax Collection Bureau Taxpayers Bill of Rights Disclosure Statement. To obtain a copy, access the LCTCB website at www.lctcb.org, call LCTCB at (717) 569-4521 Monday through Friday between the hours of 8:00 AM and 4:00 PM, or send a written request to LCTCB at 1845 William Penn Way, Suite One, Lancaster, PA 17601-6713.