

CLAIM FOR REFUND
PHONE 610-759-7434
Ext. 1001

EMERGENCY AND MUNICIPAL SERVICES TAX
LOWER NAZARETH TWSP.
306 BUTZTOWN ROAD
BETHLEHEM, PA 18020

ATTACH EITHER EMPLOYEE'S EVIDENCE OF DEDUCTION CERTIFICATE OR CHECK STUB WITH DEDUCTION WHEN TAKEN OUT. SELF-EMPLOYED MUST ATTACH COPY B OF LNMST3, FOR EVIDENCE OF PAYMENT. FORMS WILL REMAIN WITH THIS APPLICATION. COPIES ACCEPTED. COPIES OF ALL W-2'S MUST BE ATTACHED IF APPLYING UNDER NUMBER 2 AND CAN'T BE DONE UNTIL END OF TAX YEAR.

NAME _____ **SOCIAL SECURITY NO.** _____

ADDRESS _____

PHONE NUMBER _____

REASON FOR YOUR CLAIM, CIRCLE 1 OR 2.

- 1. MULTIPLE DEDUCTION OR PAYMENT. MUST ATTACH ALL COPIES.**
- 2. \$1000.00 OR LESS. (EARNED ONE THOUSAND (\$1000.00) OR LESS DURING THE YEAR FROM ALL EMPLOYERS). MUST ATTACH LOCAL TAX FILING WITH COPIES OF W-2'S AND COPY OF EMST DEDUCTION.**

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT.

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

REFUND CHECK NO. _____ **DATE** _____
AMOUNT _____