

CITY OF PITTSBURGH – DEPARTMENT OF FINANCE

LOCAL SERVICES TAX REFUND FORM

COMPLETE A SEPARATE REFUND FORM FOR EACH TAX YEAR
 REQUESTS MAY BE DENIED IF FORM IS NOT COMPLETED CORRECTLY

REFUND REASON CODES (CIRCLE ONE)

ME Multiple Employers The \$52 Local Services Tax was withheld by more than one employer in a tax year. Your second employer must be located in the City of Pittsburgh. Fill in the required information. Attach copies of your W-2's **and** last pay stubs from all employers for the tax year showing the total amount of tax that was withheld.

UT Under \$12,000 Your total *earned* income for the year was less than \$12,000 in the City of Pittsburgh. Your employer(s) must be located in the City of Pittsburgh. Fill in the required information. Attach copies of your W-2's **and** last pay stubs from all Pittsburgh employers for the tax year showing the total amount of tax that was withheld.

- If you did not work in the City of Pittsburgh and the \$52 Local Services Tax was withheld in error by your employer, you need to send a letter of explanation from your employer on the company letterhead. In addition, you need to provide proof of payment of the Local Services Tax to another municipality.
- Employers that need a refund must file an **amended** LS-1 tax return and attach a letter of explanation.
- Refunds for the **current** year may be requested directly from your employer. The employer may then make an adjustment on their next quarterly LS-1 tax return to the City of Pittsburgh.
- **In accordance with Act 50, the Local Taxpayers Bill of Rights, a taxpayer may file a written request for a refund on the prescribed form within 3 years of the due date of the tax.**

REQUIRED INFORMATION

Principal Employer	Location of Employment	Phone
Second Employer	Location of Employment	Phone
Third Employer	Location of Employment	Phone
Social Security Number	Refund Amount Requesting	Tax Year

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/ZIPCODE _____ PHONE _____

For questions call **412-255-2543 – option #3**

Mail to: City of Pittsburgh – LST Refund Request – 414 Grant St Rm 207– Pittsburgh PA 15219