J.P. HARRIS ASSOCIATES LLC

Municipal and School Tax Accounts

Local Services Tax **Refund Request** Form

LOCAL SERVICES TAX "REFUND" REQUEST

SEND REFUND REQUEST TO J P HARRIS ASSOCIATES LLC
P O BOX 226
MECHANICSBURG PA 17055
PHONE 1-866-766-0226 FAX 717-766-8039

INSTRUCTIONS:
Please print all information requested.
Complete the application in full being sure to sign it.
Attach proof of deductions from all employers. We will not process a refund without proof.
Proof must show employers' name, employee's name and social security number.
We will mail the refund after we verify this request.

DATE _____ **TAX YEAR** _____

NAME (Please print) _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SOCIAL SECURITY NUMBER _____

PHONE NUMBER (home)_____**(work)** _____

PRINCIPAL EMPLOYER'S NAME _____

ADDRESS _____

CITY _____**STATE** _____ **ZIP** _____

DATE DEDUCTED _____

PART-TIME OR SECOND EMPLOYER'S NAME _____

ADDRESS _____

CITY _____ **STATE**_____ **ZIP** _____

DATE DEDUCTED _____

REASON FOR CLAIM
_____**MULTIPLE DEDUCTION (ATTACH PROOF)**
_____**EARNINGS WERE LESS THAN $12,000 DURING THE YEAR.**
ATTACH COPY OF YOUR FEDERAL INCOME TAX AS PROOF OF EARNINGS

SIGNATURE _____