

Emergency & Municipal Services Tax (EMST)
City of Bethlehem, PO Box 500, Bethlehem, PA 18016, 610-865-7022
Instructions for Claim for Refund

Application must be signed and dated.
 Attach the **ORIGINAL evidence of deduction** slip for which you are applying for the refund. Retain a copy for your records.
 Federal 1040 or PA40 must be furnished
CHECK STUBS WILL NOT BE ACCEPTED.

Name of Applicant	SSN	Phone No.
Street Address	City, State	Zip Code

Reason for Your Claim:

1. Multiple Deduction of Payment

- a. Attach a **photocopy of your first evidence of deduction** slip.
- b. Attach the **ORIGINAL evidence of deduction** slip(s) for which you are applying for a refund. Retain a copy for your records.
CHECK STUBS WILL NOT BE ACCEPTED.
- c. List your employers, the date you started and check the box for type of employment. Write "self-employed" if applicable. If you had more than 2 employers, continue the list on the back of this sheet.

	Name of Employer	Date Employed	Full-time	Part-time	Employer #
1 st Employer	_____	_____	()	()	_____
2 nd Employer	_____	_____	()	()	_____
3 rd Employer	_____	_____	()	()	_____

2. Total Earnings of \$1000.00 or Less From all Sources of Income

1. Attach the **ORIGINAL evidence of deduction** slip for which you are applying for the refund. Retain a copy for your records. **CHECK STUBS WILL NOT BE ACCEPTED.**
2. List your employers' names and your wages received for each occupation.
3. Must include a copy of your Federal Form 1040 or PA 40. Failure to include will result in the rejection of your request.

Name of Employer	Earnings
_____	_____
_____	_____

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

Signature _____ Date _____

FOR OFFICE USE ONLY:

REFUND CHECK ISSUED:

Refund approved by _____

Date _____

Date _____

#/Amount _____