



Approved _____ Rejected _____
By _____ Date _____
Reason Rejected _____
Date Issued _____ Check No. _____

APPLICATION FOR REFUND - EMERGENCY AND MUNICIPAL SERVICES TAX

(Print or Type)

Name of Applicant: _____ Taxing District: _____
Street Address: _____ Type of Tax/Year: _____
City _____ State _____ Zip _____ Refund Requested: \$ _____
Employer's Name and Address: _____
Phone Number(s): _____
Social Security Number: _____ Resident Municipality: _____

I hereby request a refund of the above tax for the following reason (s):

- Age Restriction Birth Date: _____
 Other (explain in full): _____

Multiple Payment of Tax *(Proof of duplicate payment must be shown with this form.)*

Employer's Name and Address	Amount Paid	Date Paid	Community to which tax was paid

Gross Income Under Taxable Limit

(If refund is requested because your gross earnings did not exceed \$_____ for the calendar year, complete section below. The term "all sources of income" is defined by local taxing ordinances and resolutions and may vary by District. Please check with your local CENTAX office.)

Employer's Name and Address	Period of Employment	Total Earnings
		\$
		\$
Net Profits from self-employment: Business Name and Address		\$
Other Income - Social Security, unemployment comp., pension, dividends, interest income, workers comp., disability income, lottery winnings, etc., if applicable under statute.		\$
TOTAL		\$
GRAND TOTAL		\$

PROOF OF INCOME MUST ACCOMPANY THIS FORM BY SUBMITTING TRUE AND CORRECT COPIES OF IRS W-2 FORMS, IRS AND STATE INCOME TAX FORMS, OR BY AFFIDAVIT VERIFIED UNDER OATH, WHERE NECESSARY, THAT HIS OR HER INCOME EARNED DURING THE PREVIOUS TAX YEAR, FROM ALL SOURCES, WAS LESS THAN THE EXEMPTION AMOUNT AUTHORIZED BY LOCAL ORDINANCE.

I hereby certify under the penalties provided herewith that all statements made hereon are to the best of my knowledge and belief correct and acknowledge full responsibility for repayment of any taxes erroneously refunded to me.

Date _____ Name _____ Signature _____
(Please print)

LOCAL TAXPAYER BILL OF RIGHTS

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS WITH REGARD TO THE AUDIT, APPEAL, ENFORCEMENT, REFUND AND COLLECTION OF LOCAL TAXES BY CALLING THE POLITICAL SUBDIVISION TO WHICH THESE TAXES APPLY DURING THEIR NORMAL BUSINESS HOURS.