

Upper Merion Township
Business Tax Office
175 West Valley Forge Road
King of Prussia, PA 19406
Phone: (610) 265-2600
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www.umtownship.org

UPPER MERION TOWNSHIP BUSINESS TAX DEPARTMENT

2007

EMST-3

Emergency and Municipal Services Tax Refund Request Form

Name: _____
Address: _____

SSN: _____ - _____ - _____

Refund
Requested

\$

Refund of Emergency and Municipal Services Tax (EMST) is requested for the following reason:

- DUPLICATE PAYMENTS WERE MADE:** TOTAL EMST PAID SHOULD NOT EXCEED THE MAXIMUM LIMIT OF \$52 ANNUALLY.
I am entitled to a refund for the amount of EMST that I paid in excess of \$52.

	<u>Employer</u>	<u>Township of Deduction</u>	<u>EMST Paid/Deducted</u>	<u>Dates Employed in 2007</u>
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

MUST attach proof of duplicate payment (copies of pay stubs or W2s).

- TOTAL GROSS EARNINGS WERE LESS THAN \$12,000 ANNUALLY:** A TAXPAYER WHOSE TOTAL GROSS INCOME FROM ALL SOURCES IS LESS THAN \$12,000 ANNUALLY IS EXEMPT FROM PAYMENT OF THE EMST.
I am entitled to a refund for the total amount of EMST I paid. I understand that **TOTAL GROSS INCOME IS THE TOTAL OF ALL COMPENSATION DERIVED FROM ALL SOURCES.** 'TOTAL GROSS INCOME' = PA40 line 1C + PA40 line 4.
I am requesting a refund from Upper Merion Township for the total amount of EMST I paid because my TOTAL GROSS INCOME was less than \$12,000 annually.

***MUST attach copies of all W2(s) AND page 1 of both Federal and State Tax Returns.
If self-employed, MUST also attach copies of all Schs C, E, K-1 AND proof of individual payment.***

- OTHER:** _____

Copies of all appropriate documents must be enclosed:

- 1.) W2(s) and/or Sch C, E, K1 if self-employed **AND**
- 2.) Pay stub(s) and/or proof of payment if self-employed **AND**
- 3.) Federal and State Income Tax Returns (page 1 of both)

**FAILURE TO INCLUDE ALL NECESSARY
FORMS AND DOCUMENTS WILL DELAY
THIS REFUND REQUEST.**

REFUNDS WILL ONLY BE AUTHORIZED AFTER OUR OFFICE HAS RECEIVED PAYMENT FOR THE TAX.

Signature: _____

Date: _____

Printed Name: _____

Phone Number: _____