

**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 <sup>st</sup> Employer	_____	_____	( )	( )	_____
2 <sup>nd</sup> Employer	_____	_____	( )	( )	_____
3 <sup>rd</sup> 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 \_\_\_\_\_