



Scranton Single Tax Office

Marilyn Vitali Flynn
Tax Collector
441 Wyoming Ave
Scranton, PA 18503
570-963-6756

REFUND APPLICATION - EMERGENCY AND MUNICIPAL SERVICES TAX

(Local Tax Enabling Act, Act 511 as amended by Act 222)

NAME: _____

Primary Employer: _____

ADDRESS: _____

Address: _____

Social Security Number: _____ Refund Requested \$ _____ Year: _____

Multiple Payment of Tax (Proof of duplicate payment must be provided)

Employer's Name & Address	Date Paid	Amt. Paid	Municipality to which tax was paid

Gross Income Under Taxable Limit

If your total income, **from all sources**, including those monies earned outside the City of Scranton is less than \$12,000, for the period January 1 through December 31, of the year indicated above, complete section below.

Employer's Name & Address	Period of Employment	Total Income
		\$
		\$
		\$
		\$
Net profits from self employment		\$
Other Income - Social Security, Unemployment Compensation, Pension, Dividends, Interest, Workers Compensation, disability income, lottery winnings, etc.		\$
TOTAL		\$

Proof of income must be attached to this form (i.e. copies of all W-2's, 1099's, income tax forms filed with the IRS and/or PA Dept. of Revenue).

Signature

Date

I declare under the penalties provided by law that this application has been examined by me and is to the best of my knowledge and belief true and correct.