

**HERMITAGE CITY AND SCHOOL DISTRICT
RECEIVER OF TAXES
WAGE AND MUNICIPAL SERVICES TAX**
800 NORTH HERMITAGE ROAD
HERMITAGE, PA 16148-3243
TELEPHONE: 724-981-8132

DATE: _____

AMOUNT GRANTED _____

REFUND FOR YEAR _____

REQUEST FOR REFUND

NAME: _____

ADDRESS: _____

LIST EMPLOYERS:

1ST EMPLOYER _____

2ND EMPLOYER _____

3RD EMPLOYER _____

REASON FOR REQUEST:

_____ 1. WITHHELD TWICE WITHIN ONE YEAR

_____ 2. ANNUAL EARNINGS LESS THAN \$1,000

I, _____, HEREBY CERTIFY THAT THE
(SIGNATURE)
INFORMATION PRESENTED BY ME AND CONTAINED HEREIN IS TRUE,
CORRECT, AND COMPLETE.