

**West Shore Tax Bureau
3607 Rosemont Avenue
Camp Hill PA 17011**

Telephone: 717.761.4900

Fax: 717.975.8955

www.WESTAB.org

OUT OF STATE REFUND REQUEST

DATE: _____

AS A NON-RESIDENT OF THE WEST SHORE TAX BUREAU'S TAXING
JURISDICTION, I AM REQUESTING A REFUND OF \$ _____
WITHHELD BY _____ (EMPLOYER)
FOR TAX YEAR _____ .

SOCIAL SECURITY # _____

CONTACT PHONE # _____

TAXPAYER NAME _____

SIGNATURE _____

PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION:

- _____ EMPLOYER W-2'S
- _____ COPY OF RESIDENT STATE FILING
- _____ COPY OF RESIDENT LOCAL FILING
- _____ COPY OF RESIDENT STATE DRIVER'S LICENSE
- _____ COPY OF PA STATE FILING
- _____ COPY OF PA SCHEDULE G

Official use only.

PSD _____

**Please return completed form to:
West Shore Tax Bureau
P O Box 656
Camp Hill, PA 17001**