

2017
LOCAL SERVICES TAX – REFUND APPLICATION

Business Tax Office
Upper Merion Township
175 West Valley Forge Road
King of Prussia, PA 19406
Phone: 610-265-2600
Fax: 610-265-0482
www.umtownship.org

APPLICATION FOR REFUND OF LOCAL SERVICES TAX

- A copy of this application for a refund of the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to the tax office charged with collecting the Local Services Tax.
- This application for a refund of the Local Services Tax must be signed and dated.
- **No refund will be approved until proper documents have been received.**

Name: _____ Soc Sec #: _____

Address: _____ Phone #: _____

City/State: _____ Zip: _____

Amount of refund requested: \$ _____ (must be more than \$1)

REASON FOR REFUND – CHECK ALL THAT APPLY

1. _____ **I had the tax withheld when it should have been exempted.** (Attach a copy of exemption certificate filed with employer.)
2. _____ **I had tax withheld by multiple employers.** (Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form.)
3. _____ **My total earned income (including tips) and net profits from all sources within Upper Merion Township was less than \$12,000 for the tax year.** (Attach a copy of all your last pay statements from all employers within Upper Merion Township for the tax year for which you are requesting a refund of Local Services Tax. If you are self-employed, attach a copy of your PA Schedule C, F, or RK-1 for the year for which you are requesting to receive a refund of the Local Services Tax.)
4. _____ **I am on active military duty.** (Attach a copy of your orders directing you to active duty status.)
5. _____ **I am a veteran with a qualifying disability.** (Attach a copy of your discharge orders and a statement from the United States Veterans Administration declaring your disability to be a total one hundred percent permanent disability.)

I declare under penalty of law that all statements made and documents submitted herein are true and correct to the best of my knowledge and belief.

Taxpayer Signature: _____ Date: _____

Refund application and required supporting documents shall be mailed to **Upper Merion Township** at the address shown above to the attention of **Michele Delli Pizzi, Director of Accounts Receivable.**

Questions? Call 610-265-2600 ext. 1211, 1224, or 1227.

EMPLOYMENT INFORMATION

List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER** under #1 below and your secondary employers under the other columns. If self-employed, write SELF under Employer Name column.

	Primary Employer (1)	Secondary Employer (2)	Employer (3)
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			
LST Paid			

	Employer (4)	Employer (5)	Employer (6)
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			
LST Paid			

PLEASE NOTE:

All information received by the Tax Collector is **CONFIDENTIAL** and is only used for official purposes relating to the collection, administration and enforcement of the **LOCAL SERVICES TAX**.