

ABINGTON TOWNSHIP
1176 Old York Road, Abington, PA 19001
Telephone: 267-536-1027

APPLICATION FOR REFUND FROM LOCAL SERVICES TAX

_____ (fill in please)
Tax Year

- 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.
- 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: _____

REASON FOR REFUND – CHECK ALL THAT APPLY

1. _____ I overpaid by more than \$1.
2. _____ I had the tax withheld when it should have been exempted.
3. _____ **MULTIPLE EMPLOYERS:** Please attach a copy of a current pay statement and W-2 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. Please list all employers on the reverse side of this form.
4. _____ **TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN ABINGTON TOWNSHIP WAS LESS THAN \$_____:** Please attach a copy of all of your last pay statements and W-2's from all employers within the political subdivision for the year for which you are requesting to receive a refund of the Local Services Tax.

If you are self-employed, please 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.
5. _____ **ACTIVE DUTY MILITARY EXEMPTION:** Please attach a copy of your orders.
6. _____ **MILITARY DISABILITY EXEMPTION:** Please attach copy of your discharge orders and a statement from the United State Veterans Administrator or its successor declaring your disability to be a total one hundred percent permanent disability.

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.

	1. PRIMARY EMPLOYER	2.	3.
Employer Name			
Address			
Address 2			
City, State, Zip			
Municipality			
Telephone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

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

Please Note:

All information received by the Tax Collector is considered to be **Confidential** and is only used for official purposes relating to the collection, administration and enforcement of the Local Services Tax.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

Signature: _____ Date: _____