TOWNSHIP OF LOWER MERION MONTGOMERY COUNTY



DEPARTMENT OF FINANCE
75 E. LANCASTER AVENUE
ARDMORE, PA 19003

610-645-6142

REFUND APPLICATION FOR LOCAL SERVICES TAX (LST)

- > All sections of this Refund Application must be filled out completely and the Application must be submitted with all required documentation discussed below. Incomplete Applications will be rejected.
- > Employers cannot request LST refunds on behalf of employees
- > Please print legibly as refund will be sent to the address indicated below

Name:	Soc Sec #:			
Address:	LMT Account #:			
	Phone #:			
City/State:	Zip:			
YEAR(S) Refund Requested For:				
Amount of refund requested: \$	(MUST be more than \$1)			
REAS	ON FOR REFUND - CHECK ALL THAT APPLY			
pay statements from LST/EMST. The and address of the	tax withheld by multiple employers: Please attach a copy of your final mall employers for the tax year for which you are requesting a refund of pay statements must show the LST withholding and must have the name employer. Annual W2 statements are acceptable as long as they show LST all employers on the reverse side of this form.			
Township of Lower your final pay state tax year for which as long as they should for Lower Merion are self-employed,	income (including tips) and net profits from <u>all</u> sources within the er Merion was less than \$12,000 for the tax year. Please attach a copy of ements from <u>all</u> employers within the Township of Lower Merion for the you are requesting a refund of LST. Annual W2 statements are acceptable by LST withholding. All pay statements must show the LST withholding and must have the name and address of the employer. In addition if you attach a copy of your PA Schedule C, F or RK-1 for the year for which to receive a refund of the LST).			
proof of payment	OTHER: Attach a written statement detailing the basis for your refund claim along with proof of payment of the LST for the year refund is requested. If you are on active duty military or a disabled veteran please attach proof of your status.			
	SIGN AND COMPLETE EMPLOYER LIST ON REVERSE			
TOWNSHIP USE ONLY: Business Tax Account Number: Refund Reason: Low Income Coding: \$ LST (4029) \$	Date Reviewed: Reviewed By: Other Pay Code: Qtr:			
	Supervisor Approval: Date:			
Refund Check Number	Check Issue Date:			

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your other employers under the other columns. If self employed, write SELF as the Employer's Name.

	1. (Primary Employer)	Employer 2.	Employer 3	
Employer's Name				
Address				
Address 2				
City, State, Zip				
Municipality				
Phone				
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 LST/EMST.				
I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:				
SIGNATURE:		DATE:		
PRINT NAME:				