



LOCAL SERVICES TAX (LST)
APPLICATION FOR REFUND TAX YEAR 2010
BENSALEM TOWNSHIP AND BENSALEM SCHOOL DISTRICT

INSTRUCTIONS

Application for refund must be signed and dated by applicant.
Applicants must attach proper documentation to this application; no refund will be approved without proper documentation.
Application for refund must be filed with the Tax Administrator for Bensalem Township and Bensalem School District, **MuniServices, LLC, 51 North Third Street, PMB #215, Philadelphia, PA 19106-4597.**

Name of Applicant: _____
Social Security Number: _____
Address: _____
City, State and Zip: _____
Phone Number: _____

Amount of Refund Requested: _____ (must be more than \$1)

REASON FOR REFUND- CHECK ALL THAT APPLY

1. _____ 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.
2. _____ TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN BENSALEM TOWNSHIP/SCHOOL DISTRICT WAS LESS THAN \$12,000. Attach copies of your last pay statements or your W-2 form from all employers within Bensalem Township/School District for 2009. If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for 2009. **Note: This exemption only applies to the Bensalem Township portion (\$47) of the combined \$52 LST rate.**
3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.
5. _____ OTHER (Explanation Required): _____

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: _____

Local Tax Office for mailing of completed Refund Applications:

MuniServices, LLC
Tax Collector for Bensalem Township and School District
51 North Third Street, PMB #215
Philadelphia, PA 19106-4597

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			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer 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 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: _____