

Jenkintown Borough
700 Summit Avenue
Jenkintown, PA 19046
(215) 885-0700
www.Jenkintownboro.com

APPLICATION FOR REFUND OF LOCAL SERVICES TAX (LST)

- A copy of this **APPLICATION FOR REFUND OF THE LST** and all necessary supporting documents must be completed and presented to the office above.
- This application for refund of LST must be signed and dated.
- **NO REFUND WILL BE APPROVED UNTIL PROPER DOCUMENTATION HAS BEEN RECEIVED. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

NAME: _____ SOC SEC #: _____
ADDRESS: _____ PHONE #: _____
CITY/STATE/ZIP: _____

Amount of refund requested: \$ _____ **(MUST be more than \$1.00)**

REASON FOR REFUND – CHECK ALL THAT APPLY

1. _____ **I had LST tax withheld by multiple employers:** (Please 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 LST withheld. List all employers on the reverse side of this form.)

2. _____ **My total earned income (including tips) and net profits from all sources within the Borough of Jenkintown was less than \$12,000.00 for the year.** (Please attach a copy of your final pay statements from all employers within the Borough of Jenkintown for the tax year for which you are requesting a refund of LST. 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 LST.)

3. _____ **I am on active military duty.** (Please attach a copy of your orders directing you to active duty status.)

4. _____ **I am a veteran with a qualifying disability.** (Please 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 THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____
PRINT NAME: _____

SIGN HERE AND COMPLETE EMPLOYER LIST