LOCAL SERVICES TAX REFUND REQUEST

FOR THE YEAR-_____

OFFICE USE ONLY

Request:_____ Prepared by: _____

Date: _____ Check #: _____

Amount of Check:_____ Date check issued:_____

School amount: _____ Township amount:_____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SSN #: _____

PHONE #: _____

REASON FOR REFUND-CHECK ALL THAT APPLY

1. _____ Tax was withheld over $52.00. (No refunds will be issued less than $1.00)

2. _____ Multiple employers withheld the LST tax. Please attach proof of payment of all LST that you paid for the requested year. Examples of proof of payment are: employer issued W-2 forms or payroll check stubs clearly identifying the deduction and the period thereof.
Please list all employers below:

Primary employer:
Name: _____
Address: _____
Phone: _____
Municipality:_____
Status (FT or PT): _____
Gross Earnings:_____

Secondary employer:
Name: _____
Address: _____
Phone: _____
Municipality:_____
Status (FT or PT): _____
Gross Earnings:_____

3. _____ Total earned income and net profits within Derry Township was less than $12,000.00. Please attach proof of payment of all LST that you paid for the requested year. Examples of proof of payment are: employer issued W-2 forms or payroll check stubs clearly identifying the deduction and the period thereof.

4. _____ ACTIVE DUTY MILITARY EXEMPTIONS: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.

5. _____ 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.

This application for a refund of the Local Services Tax must be signed, dated, and presented to the Township of Derry Tax Collection Association for approval. No refund will be issued until proper supporting documents have been provided and the tax has been received by this office from the employer. No low income exemptions will be issued until after the end of the tax year.

I DECLARE UNDER PENALTY OF LAW THAT ALL THE INFORMATION STATED ON AND SUBMITTED WITH THIS FORM IS TRUE, CORRECT AND COMPLETE:

Taxpayer Signature:_____ Date: _____