

**BENSALEM TOWNSHIP  
LOCAL SERVICES TAX – REFUND TAX YEAR 2025  
APPLICATION FOR REFUND FROM LOCAL SERVICES TAX**

1. A copy of this application for a refund from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to the tax office charged with collecting the Local Services Tax.
2. This application for a refund of the Local Services Tax must be signed and dated.
3. No refund will be approved until proper documentation has been received.

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REASON FOR REFUND (check all that apply)**

- I overpaid by more than \$1.
- I had the tax withheld when it should have been exempted.
- MULTIPLE EMPLOYERS:** Attach a copy of a current pay statement from each employer that shows the name of the employer, the length of the payroll period, the amount of Local Services Tax withheld, and total earnings. List all employers on the reverse side of this form.
- TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN \_\_\_\_\_**  
(municipality or school district) **WAS LESS THAN \$\_\_\_\_\_:** Attach copies of your last pay statement(s) or your W-2 for the relevant year.  
If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the relevant year.
- ACTIVE DUTY MILITARY EXEMPTION:** 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.
- 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.

**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.**

|                          | <b>1. PRIMARY EMPLOYER</b> | <b>2.</b> | <b>3.</b> |
|--------------------------|----------------------------|-----------|-----------|
| <b>Employer Name</b>     |                            |           |           |
| <b>Address</b>           |                            |           |           |
| <b>Address 2</b>         |                            |           |           |
| <b>City, State, Zip</b>  |                            |           |           |
| <b>Municipality</b>      |                            |           |           |
| <b>Phone</b>             |                            |           |           |
| <b>Start Date</b>        |                            |           |           |
| <b>End Date</b>          |                            |           |           |
| <b>Status (FP or PT)</b> |                            |           |           |
| <b>Gross Earnings</b>    |                            |           |           |

|                          | <b>4.</b> | <b>5.</b> | <b>6.</b> |
|--------------------------|-----------|-----------|-----------|
| <b>Employer Name</b>     |           |           |           |
| <b>Address</b>           |           |           |           |
| <b>Address 2</b>         |           |           |           |
| <b>City, State, Zip</b>  |           |           |           |
| <b>Municipality</b>      |           |           |           |
| <b>Phone</b>             |           |           |           |
| <b>Start Date</b>        |           |           |           |
| <b>End Date</b>          |           |           |           |
| <b>Status (FP or PT)</b> |           |           |           |
| <b>Gross Earnings</b>    |           |           |           |

PLEASE NOTE: All information received by the Tax Collector is considered 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: \_\_\_\_\_