



LOCAL SERVICES TAX (LST)  
APPLICATION FOR REFUND TAX YEAR 2009  
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

