

WARWICK TOWNSHIP
P.O. Box 308, 315 Clay Rd., Lititz, PA 17543 717-626-8900

LOCAL SERVICES TAX - REFUND REQUEST

Tax Year: _____

- **A copy of this application for A refund of the Local Services Tax (LST) and all necessary supporting documents (kept Confidential), must be fully completed, signed, and presented to Warwick Township.**
- **No refund will be approved until proper documentation for each reason has been received.**

Employee Name: _____ Soc Sec #: _____
 Address: _____ Phone #: _____
 City/State: _____ Zip: _____

REASON FOR REFUND - CHECK ALL THAT APPLY

_____ 1. **MULTIPLE EMPLOYERS:** Please attach a copy of a current pay statement from principal employer and other employers that show the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers at the bottom of this form.

_____ 2. **EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN Warwick Township WAS LESS THAN \$12,000.** Attach copies of your last pay statements or your W-2 for the year prior from all employers within Warwick Township. If self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year. Forms must show the amount of tax deducted.

_____ 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 statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

	1. PRIMARY EMPLOYER	2. SECOND EMPLOYER	3. THIRD EMPLOYER
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Status (FT or PT)			

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____

For Township Use Only

Refund Amount: \$ _____ Date: _____