

**BOROUGH OF LITITZ**  
**7 South Broad Street, Lititz, PA 17543 717-626-2044**

**LOCAL SERVICES TAX – REFUND REQUEST**

\_\_\_\_\_  
Tax Year

\* No refund will be approved until proper documentation for each reason has been received.

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REASON FOR REFUND – CHECK ALL THAT APPLY**

1. \_\_\_\_\_ **MULTIPLE EMPLOYERS:** Please attach copy of a current pay statement from 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 at the bottom of this form.
2. \_\_\_\_\_ **EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN Lititz Borough will be less than \$12,000.** Attach copies of your last pay statements or your W-2 for the year prior. If self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. \_\_\_\_\_ **ACTIVE DUTY MILITARY EXEMPTION:** Please attach a copy of your orders directing you to active duty status.
4. \_\_\_\_\_ **MILITARY DISABILITY EXEMPTION:** Please attach a 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 ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
*FOR BOROUGH USE ONLY*

Refund Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_