



TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

Tax Year

**If you have relocated during the tax year, please supply additional information.*

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
/ / TO / /				
/ / TO / /				

***If you need additional space - please see back of form.*

LAST NAME, FIRST NAME, MIDDLE INITIAL	SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL		
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS **			
CITY	STATE	ZIP CODE	

DAYTIME PHONE NUMBER	RESIDENT PSD CODE <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>

<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted.</p> <p>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p style="text-align: center;">If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>											<p style="text-align: center;">Spouse's Social Security #</p> <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p style="text-align: center;">If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>										

1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) .....	.00	.00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) ....	.00	.00
3. Other Taxable Earned Income * .....	.00	.00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3) ....	.00	.00
5. Net Profit (Enclose PA Schedules*) .....	.00	.00
NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>		
6. Net Loss (Enclose PA Schedules*) .....	.00	.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) ..	.00	.00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) .....	.00	.00
9. Total Tax Liability (Line 8 multiplied by ) .....	.00	.00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	.00	.00
11. Quarterly Estimated Payments/Credit From Previous Tax Year .....	.00	.00
12. Out-of-State or Philadelphia Credits (include supporting documentation) .....	.00	.00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12) .....	.00	.00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) .....	.00	.00
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account) ...	.00	.00
<input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse		
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) .....	.00	.00
17. Penalty after April 15* (multiply Line 16 by ) .....	.00	.00
18. Interest after April 15* (multiply Line 16 by ) .....	.00	.00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) .....	.00	.00

***See Instructions**

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE		PHONE NUMBER

Capital Tax Collection Bureau
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New Bloomfield, PA 17068

(717)957-7281
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