

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,

<i>yga. a. to</i>	16, ∞ ₁ -1.	., .	,,,,,	,,,,,	16, 7.2	76	Concor	J. 100	iu.		•			
DATES LIVING AT EACH ADDRESS STREET ADDRESS (No PO Box, RD or RR)						ITY OF	R POST O	FFICE			STA	TE	工	ZIP
				$oldsymbol{\perp}$									\perp	
				\perp										
de for each juris	_										incom	э and t	axes fo	or each return
	SPC	USE	'S LA	AST N	IAME,	FIRST	ΓNAME, N	/IIDDLE	INI	ΓIAL				
		COUNTY												
	SCHOOL DISTRICT													
CITY OR POST OFFICE STATE						ZIP CODE MUNICIPALITY								
D CODE	Τ						AMENDED	RETUI	RN					
me printed	丅						#	\top		Spo	use's	Socia	al Sec	urity #
rs first.					\top		\top]		Ė				
Combining income is NOT permitted. USE ONLY BLACK OR BLUE INK TO COMPLETE THIS FORM Single Married, Filing Jointly Married, Filing Separately					If you had NO EARNED check the reason disabled deceased homemaker unemployed			student dis dis military dec			sabled ceased memaker			D INCOME, why: student military retired
			\top	Т	\top).	00				\top		.00
lule UE)	+		\top		+		.(00	\dagger			+		.00
documentation)	\Box	\top		+			00				+		.00
 Other Taxable Earned Income (see Instructions; enclose supporting documentation) Total Taxable Earned Income (subtract Line 2 from Line 1 and add Line 3) 								00				+		.00
hedule)	\dagger		\top		+		.1	00				+		.00
							.1	00				\top		.00
, enter zero)	\top	\Box	\top		+).	00				+		.00
7)	\top						.(00				\top		.00
	+	\Box	\top		+		.(00				+		.00
ns)	+	\Box	\top		+		.(00	\dagger			+		.00
ear	+		\top		+			00				+		.00
tation)	+	\Box	\top		+	+		00				+		.00
	+	\Box	\top		+	\vdash		00				+		.00
	+		+		+			00	+			+		.00
unt)	+		\top		+		.1	00						.00
							.1	00						.00
17. Penalty after April 15 (multiply Line 16 by 0.01 x number of months late)							.1	00				+		.00
18. Interest after April 15 (multiply Line 16 by 0.0025 x number of months late)					+		1.	00				\top		.00
19. TOTAL PAYMENT DUE (add Lines 16, 17 and 18)							.!	00						.00
same page.														
									nyin	g				
SPOUSE'S	S SIG	NATU	JRE	(if filir	ng join	tly)					D.	ATE (N	/IM/DE)/YYYY)
PREPARER'S PRINTED NAME AND SIGNATURE PHONE NUMBER														
	de for each jurise D CODE me printed refirst. S FORM documentation ine 3)	PO Box, RD or RR) de for each jurisdiction SPC E ZIP (D CODE me printed rs first. S FORM documentation) ine 3) hedule) enter zero) 7) is late) s atte) s that I (we) have exact the best of my (our)	PO Box, RD or RR) de for each jurisdiction). Us SPOUSE EXTS see The printed rs first. S FORM disa dec hon une ulle UE)	PO Box, RD or RR) de for each jurisdiction). Use Pa SPOUSE'S LA SPOUSE'S LA E ZIP CODE EXTENS see Inst. If you ha che disabled decease homem unemple ule UE) documentation) ine 3) hedule) enter zero) sear. fear. ation). ununt). same page. e that I (we) have examined this of the best of my (our) belief, the	PO Box, RD or RR) de for each jurisdiction). Use Part-Yea SPOUSE'S LAST N E ZIP CODE EXTENSION see Instruction me printed rs first. S FORM If you had NO check the disabled deceased homemaker unemployed ulle UE) documentation) ine 3) hedule) enter zero) r) ins) gar ation) unt) same page. et that I (we) have examined this infor on the best of my (our) belief, they are are asserted.	PO Box, RD or RR) de for each jurisdiction). Use Part-Year Residence of the best of my (our) belief, they are true, or the best of my (our) belief, they are true.	de for each jurisdiction). Use Part-Year Resident St. SPOUSE'S LAST NAME, FIRST SPOUSE'S LAST NAME, FIRST SPOUSE'S LAST NAME, FIRST SPOUSE'S LAST NAME, FIRST SEE ZIP CODE EXTENSION See Instructions A.5 SEE JURY OF CODE SEATH SOCIAL SECURITY SEE IN SECURITY	PO Box, RD or RR) CITY OR POST O	PO Box, RD or RR) CITY OR POST OFFICE de for each jurisdiction). Use Part-Year Resident Schedule on back to SPOUSE'S LAST NAME, FIRST NAME, MIDDLE COUNTY SCHOOL DISTRIC EXTENSION AMENDED RETURNS See Instructions A.5 The printed residual and the reason why: disabled Student Adeceased Military Income and the reason why: disabled Student Adeceased Military Income and the reason why: documentation On the documentation on the dule of the reason why: see Instructions A.5 SFORM SOCIAL Security # SOCIAL SECURITY * SOCIAL SECURITY # SOCIAL SECURITY #	PO Box, RD or RR) CITY OR POST OFFICE de for each jurisdiction). Use Part-Year Resident Schedule on back to calc SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INI' COUNTY SCHOOL DISTRICT E ZIP CODE EXTENSION See Instructions A.5 SOcial Security # School Security # School Student Schedule on back to calc MUNICIPALITY SFORM SFORM SFORM If you had NO EARNED INCOME, check the reason why: disabled student deceased military homemaker retired unemployed LIE UE) OO DE OO DE EXTENSION See Instructions A.5 SOCIAL Security # SOCIAL SECURITY ON OO OO DE OO DE	PO Box, RD or RR) CITY OR POST OFFICE de for each jurisdiction). Use Part-Year Resident Schedule on back to calculate SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL COUNTY SCHOOL DISTRICT E ZIP CODE EXTENSION AMENDED RETURN See Instructions A.5 SFORM Social Security # Spour Check the reason why: disabled deceased military set in the deceased deceased military set in the deceased mi	PO Box, RD or RR) CITY OR POST OFFICE STA de for each jurisdiction). Use Part-Year Resident Schedule on back to calculate income SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL COUNTY SCHOOL DISTRICT E ZIP CODE EXTENSION AMENDED RETURN See Instructions A.5 The printed see Instructions A.5 The printed deceased military deceas	Tax Year PO Box, RD or RR) CITY OR POST OFFICE STATE de for each jurisdiction). Use Part-Year Resident Schedule on back to calculate income and to specific schedule on back to calculate i	PO Box, RD or RR) CITY OR POST OFFICE STATE de for each jurisdiction). Use Part-Year Resident Schedule on back to calculate income and taxes for SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL COUNTY SCHOOL DISTRICT E ZIP CODE EXTENSION AMENDED RETURN See Instructions A.5 SFORM Social Security # Spouse's Social Security for



S-CORPORATION PROFIT/LOSS REPORT

To avoid future correspondence, please report any S Corporation pass-through profits (losses) that were reported on your PA-40 Return.

TAXPAYER:									
\$.0	0	
TAXPAYER SPOUSE:									
\$.0	0	

PART-Y	EAR RESIDENT S	CHEDULE										
	0,	•			use the income and withhor h jurisdiction you lived in	•	mplete your separate					
Current F	Residence			(street add	ress)							
	(municipality, State, ZIP)						# months at this address					
Employer												
Local Inco	ome \$ divi	PSD Code - Current Residence										
Withholdi	ng \$ divi	1 3D Gode - Garrer	n Nesiderice									
	Withholding \$ divided by 12 months X (months at this address) = \$ Employer											
Local Inco	ome \$ divi	s) = \$										
Withholdi	ng \$ divi	ded by 12 months X	((mor	nths at this addres	nis address) = \$							
Current R	esidence Total Income	\$	Total Loca	al Tax Withheld \$ _								
Put the To	otal Income on Line 1 ar	nd the Tax Withheld	on Line 10 of the Loc	al Earned Income	Tax Return for your curre	nt residence taxing juri	sdiction.					
Previous	Residence			(street addre	ess)							
				(municipality	, State, ZIP)	# months at this address						
Employer						,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1					
	ome \$ div		X (m	onths at this addre	ss) = \$	PSD Code - Previous Residence						
	g \$ div					7 02 0000 77000	ad redaction					
Employer_												
Local Inco	me \$ divi	ded by 12 months)	K (n	nonths at this addr	ess) = \$							
	g \$ divi											
	Residence Total Income											
					come Tax Return for you	r previous residence ta	ixing jurisdiction.					
							Janouronom					
	: LOCAL EARNED worksheet if you work i				e resident rate)							
(==::::	(1)	(2)	(3)	(4)	(5)	(6)	(7)					
	Local Wages (W-2 Box 16 or 18)	Tax Withheld (W-2 Box 19)	Resident EIT Rate (Line 9)	Work Location EIT Rate	Col 4 Minus Col 3 (If less than 0 enter 0)	Disallowed Withholding Credit (Col 1 x Col 5)	Credit Allowed For tax Withheld (Col 2 - Col 6)					
Example:	\$10,000.00	\$130.00	1.25%	1.30%	0.05%	\$5.00	\$125.00					
1.												
2.												
3.					TOTAL Fuda u 4bila au							
					TOTAL Enter this ar	mount on Line 10						
NON-R	ECIPROCAL STAT	E WORKSHEET										
(See Instr	ructions for Line 12)											
					f state return, or credit will							
Local tax rate as specified on the front of this form												
						• • •						
					(3)							
PA Incom	e Tax (Line 1 x PA Incor	ne Tax Rate for year	being reported)		(4)							
						Lino	(3) minus Line (4)					

A NOTE FOR RETIRED AND SENIOR CITIZENS

If you are retired and are no longer receiving a salary, wages or income from a business, you may not owe an earned income tax. Social Security payments, payments from qualified pension plans, interest and/or dividends accrued from bank accounts and/or investments are not subject to local earned income tax. If you received an Annual Local Earned Income Tax Return, please check the "retired" box on the front of the form and return it to your tax collector. If you still receive wages from a part-time employer or income from a business, you will need to file a return and pay the local earned income tax.

Non-Reciprocal State Credit to be used against local tax: On Line 12 of the front of this form, enter the amount shown on worksheet line (2) above or the amount shown on worksheet line (5) above, whichever is less (if less than zero, enter "0").

5M		20EARNED INCOME TAX PAYMENT VOUCHER						
Keystone Collections	Group	▼	▼					
ENTER ACCOUNT TOTALS FROM LINE 19.		.00	.00					
THIS VOUCHER MUST BE INCLUDED V	WITH YOUR PAYMENT	FILER NAME:	SPOUSE NAME:					
Make checks payable to:								
KEYSTONE COLLECTIONS GROUP								
PLEASE SEE ANNUAL FINAL	COUNTY:		Amount					
RETURN INSTRUCTIONS FOR APPROPRIATE ADDRESS	SCHOOL DISTRICT:		Remitted					
DUE DATE: 04/15	MUNICIPALITY:	:Steel	4					