



# 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.

\*If you have relocated during the tax year, complete Part-Year Resident Schedule (including PSD Code jurisdictions) on back of form.

 Tax Year         

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

LAST NAME, FIRST NAME, MIDDLE INITIAL		SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	
STREET ADDRESS (No PO Box, RD or RR)		COUNTY	
SECOND LINE OF ADDRESS		SCHOOL DISTRICT	
CITY OR POST OFFICE	STATE	ZIP CODE	MUNICIPALITY
DAYTIME PHONE NUMBER <div style="border-bottom: 1px solid black; width: 100%;"></div>	RESIDENT PSD CODE <div style="border-bottom: 1px solid black; width: 100%;"></div>	EXTENSION <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/>	

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.**

**ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM**

☐ Single   ☐ Married, Filing Jointly   ☐ Married, Filing Separately   ☐ Deceased

Social Security #

If you had NO EARNED INCOME, check the reason why:

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <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 |                                   |

Spouse's Social Security #

If you had NO EARNED INCOME, check the reason why:

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <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 |                                   |

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 (include supporting documentation) . . . . .	.00		.00
4. <b>Total Taxable Earned Income</b> (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"/> (include S-Corp schedule)			
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. <b>Total Tax Liability</b> (Line 8 multiplied by ) . . . . .	.00		.00
10. Total Local Earned Income Tax Withheld as Reported on W-2(s) . . . . .	.00		.00
11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .	.00		.00
12. Miscellaneous Tax Credits (include supporting documentation) . . . . .	.00		.00
13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) . . . . .	.00		.00
14. <b>Refund</b> IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .	.00		.00
15. <b>Credit Taxpayer/Spouse</b> (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. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) . . . . .	.00		.00
17. <b>Penalty after April 15</b> (multiply Line 16 by 0.01 x number of months late) . . . . .	.00		.00
18. <b>Interest after April 15</b> (multiply Line 16 by 0.0025 x number of months late) . . . . .	.00		.00
19. <b>TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) . . . . .	.00		.00

**Submit each W-2 and 1099 on a SEPARATE sheet.**

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



## 2013 EARNED INCOME TAX PAYMENT VOUCHER

**SPOUSE  
NAME:**

Amount Remitted
\$

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132101130050415140000000000000000000000008
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**Part-Year Resident Schedule**

If you moved into a new taxing jurisdiction during the tax year, complete this schedule along with the information you provide on the front of your return. If you moved more than once, complete an additional Part-Year Resident Schedule.

**Current Residence** \_\_\_\_\_ (street address)  
 \_\_\_\_\_ (Municipality, State, ZIP)

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# months at this residence

Employer \_\_\_\_\_

Local Income \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Withholding \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Employer \_\_\_\_\_

Local Income \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Withholding \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Current Residence Total Income \_\_\_\_\_ Total Local Tax Withheld \_\_\_\_\_

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Enter current Resident PSD Code here  
(as reported on front of this form)

**Previous Residence** \_\_\_\_\_ (street address)  
 \_\_\_\_\_ (Municipality, State, ZIP)

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# months at this residence

Employer \_\_\_\_\_

Local Income \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Withholding \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Employer \_\_\_\_\_

Local Income \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Withholding \$ \_\_\_\_\_ / 12 months X \_\_\_\_\_ (months at this residence) = \_\_\_\_\_

Previous Residence Total Income \_\_\_\_\_ Total Local Tax Withheld \_\_\_\_\_

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Enter previous Resident PSD Code here

ITR-2 Schedule

**Non-Reciprocal State Credit Schedule**

For income taxed in another state.

Earnings and Net Profits (as defined in Section B, Line 1 of the instructions) taxed in another state ..... 1 \_\_\_\_\_

Maximum Credit Allowed:  
 Line 1 x your local tax rate ..... 2 \_\_\_\_\_

Actual Tax Paid:  
 Actual tax paid to other state ..... 3 \_\_\_\_\_

Additional limitation for out-of-state credit:  
 Line 1 x PA Income Tax Rate ..... 4 \_\_\_\_\_

Line 3 minus Line 4 (Remaining credit after application to Pennsylvania State Tax) ..... 5 \_\_\_\_\_

Out of state credit—Lesser of line 2 or Line 5—enter on line 12 of local tax return (*on reverse side*) ..... 6 \_\_\_\_\_

Note: Do not use this non-reciprocal schedule ITR-2 for state earned income tax paid to the reciprocating states of Maryland, New Jersey, Ohio, Virginia, West Virginia and Indiana. To recover tax paid to a reciprocating state, you must apply for a refund from the state where you paid the tax.