

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

STREET ADDRESS (No PO Box, RD or RR)



ZIP

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.

e-file at www.KeystoneCollects.com

DATES LIVING AT EACH ADDRESS

Tax Year

STATE

CITY OR POST OFFICE

7 7 10 7 7				<u> </u>			_		
/ / TO / / If you moved during the tax year, file one retur	rn for each municipality (onter DSD Co.	de for each jurio	diction) Heal	Part-Vaar Pooldo	int Schodula on he	ack to calc	ulate income on	d taxes for each return	
LAST NAME, FIRST NAME, MIDDLE INIT					RST NAME, MID			u taxes for each fetum.	
LAST NAME, FIRST NAME, MIDDLE INTT	IAL		5F003E3 L	AST NAIVIE, FII	RST NAME, MID	DLE INITI	AL		
STREET ADDRESS (No PO box, RD or R	·R)				COUNTY				
SECOND LINE OF ADDRESS			SCHOOL DISTRICT						
CITY OR POST OFFICE	STATE	Z	ZIP CODE	CODE MUNICIPALITY					
DAYTIME PHONE NUMBER	CODE		NSION REQUES see Instructions orm at www.Key		☐ AMENDED RETURN				
The calculations reported in the	first column MUST pertain to the nan	200		Social Security	y #		Spouse's Soci	ial Security #	
printed in the column, regard	nie –								
, and the second	ome is NOT permitted. BLUE INK TO COMPLETE THIS FOI	DM		d NO EARNE		If you had NO EARNED INCOME check the reason why:			
	ation to verify income and credits		check the reason why: check the disabled disabled disabled					student	
			deceased	=	military retired		ceased memaker	military retired	
Single Married, Filing Jointly	Married, Filing Separately		unemploy	_	-	=	employed		
Gross compensation as reported	on W-2(s) (enclose W-2s)				.00			.00	
2. Unreimbursed Employee Busines	ss Expenses (enclose PA Schedule	UE)			.00			.00	
3. Other Taxable Income (see Instruct	tions; enclose supporting documents)			.00			.00	
4. Total Taxable Income (subtract Line	e 2 from Line 1 and add Line 3)				.00			.00	
Net Profits (enclose PA Schedules) NON-TAXABLE S-CORP earnings chec	ck this box (enclose S-Corp Scher	dule)			.00			.00	
6. Net Loss (enclose PA Schedules)			1		.00			.00	
7. Total Taxable Net Profit (subtract Li	ine 6 from Line 5; if less than zero, e	nter zero)	1		.00			.00	
8. Total Taxable Income and Net Pro	ofit (add Line 4 and Line 7)		1		.00		7	.00	
9. Tax Liability (Line 8 multiplied by)		7		.00		7	.00	
10. Income Tax Withheld (may not equa		7		.00			.00		
11. Quarterly and Extension Payment				.00			.00		
12. Credits: Out-of-State, Philadelphia	documents)			.00		1	.00		
13. PAYMENTS and CREDITS (add Li		1	1	.00		1	.00		
14. Refund: enter if more than \$2; or	select credit option in Line 15		1		.00			.00	
15. Credit to Taxpayer/Spouse if more	than \$2, apply credit as follows edit to spouse				.00			.00	
16. TAX BALANCE DUE (Line 9 minus	Line 13)				.00			.00	
17. Penalty after April 15 (multiply Line	16 by x number of months late)			.00			.00	
18. Interest after April 15 (multiply Line	16 by 0.00417 x number of months l	ate)			.00			.00	
19. TOTAL PAYMENT DUE (add Line			.00			.00			
Do not photocopy or print more than one W-2			,						
including all	Under penalties of perjury, I (accompanying schedules and statem					t and com	ıplete.		
YOUR SIGNATURE		SPOUSE'S S	IGNATURE (if filing jointly)			DATE	(MM/DD/YYYY)	
PREPARER'S PRINTED NAME AND SIGN	NATURE	I				PHONE N	UMBER		



S-CORPORATION REPORT

Report passive or unearned S-Corporation income (losses) that were reported on your PA-40 Return.

TAXPAYER							TAXPAYER SPOUSE											
	\$	Т						.0	0	\$			Г				.0	0

If you m		inicipality, use this	schedule to calcula	ate income and taxe tax paid and tax lial				
Current (requ	Residence			(street address		# months at t		
				(municipality, S	itate, ZIP)	Use full # months; not f	raction of month	
Employe					` ^			
Income Withhold		divided by 12 mont divided by 12 mont	,	months at this addres		PSD Code - Current Residence		
	_	aivided by 12 moni	(115 / (months at this addres Use full # months; not fraction of	month	. 02 0000 00		
Employe Income		divided by 12 mont	he Y	months at this addres) = ¢			
Withhold		divided by 12 mont		months at this addres				
vvitilioid	Ψ	- alvided by 12 mon		Use full # months; not fraction of	month			
Current F	Residence Total Inco	me \$	Total L	_ocal Tax Withheld \$				
Put the T	otal Income on Line	1 and the Tax Withhe	eld on Line 10 of the	Local Earned Income	e Tax Return for you	r current residence to	axing jurisdiction.	
Previous	s Residence			(street address	s)	# months at t	his address	
(requ	ired)			(municipality, S	· —	Use full # months; not f		
Employe	r (1)			(,,	, , ,			
Income	\$	divided by 12 mont	hs X (months at this addres	ss) = \$	PSD Codo Pr	 evious Residence	
Withhold	ing \$	divided by 12 mont	hs X (months at this addres		PSD Code - PI	evious Residerice	
Employe	r (2)			Use full # months; not fraction of	montn	(F.		
Income	\$	divided by 12 mont	hs X (months at this addres	ss) = \$	FA	(Q)	
Withhold	ing \$	divided by 12 mont	hs X (months at this addres	ss) = \$			
LINE	10: LOCAL E	ARNED INCO	OME TAX WI	THHELD WOF	RKSHEET		king jurisdiction.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	Local Wages	Tax Withheld	Resident EIT Rate	Workplace Location "Non-Resident"	Column (4) minus Column (3)	Disallowed Withholding Credit	Credit Allowed for Tax Withheld	
Example	W-2 Box 16	W-2 Box 19	Tax Form Line 9	EIT Rate	If less than 0 enter 0	Col (1) times Col (5)	Col (2) minus Col (6)	
1.	\$10,000.00	\$130.00	1.25%	1.30%	0.05%	\$5.00	\$125.00	
3.								
					OTAL Enter this an	and the 10		
(Credit for Out-of-s Out-of-s PA state Credit a	or income tax paid to state income	schedule G-L, Line Schedule G-L, Line Ye x 3.07%) A state tax liability of the out-of-state tax (subtract PA state t	s must first be applied 4.c) Ex paid and the PA so Credit ax liability from out-	kSHEET (see ed to PA State tax. Cre\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	edit for taxes paid ma	tps://eFile.Keyston	file online	
LOCAL				d the Local Rate Mult				

A NOTE FOR RETIRED AND/OR SENIOR CITIZENS