

# YORK ADAMS TAX BUREAU 1405 N. Duke St., PO Box 15627 York, PA 17405-0156 Phone (717) 845-1584 YORK ADAMS TAX BUREAU 900 Biglerville Rd., PO Box 4374 Gettysburg, PA 17325 Phone (717) 334-4000

#### **BUREAU COPY 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 by contacting your Tax Officer.

Tax Year

ii 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 / /						
			4416 1 1 1111 1	1 11	1 1 1 1		

\*If you need additional space - please attach separate sheet.

				EXTENSION	AMENDED RETURN	иП
DAYTIME PHONE NUMBER	DECIDENT DOD O	ODE				_
DAYTIME PHONE NUMBER	RESIDENT PSD CO	ODE	Social S	Security #	Spouse's So	ocial Security #
The calculations reported in the first column MUST p in the column, regardless of whether the husband Combining income is NOT perm ONLY USE BLACK OR BLUE INK TO COI  Single Married, Filing Jointly Married, Filing	d or wife appears fir nitted. MPLETE THIS F	st.	If you had NO E check the disabled deceased homemaker unemployed	ARNED INCOME, reason why:  student military retired	If you had NO I check the disabled deceased homemaker unemployed	EARNED INCOME, e reason why:  student military retired
1. Gross Compensation as Reported on W-2(s). (Er	nclose W-2s)			.00		.00
2. Unreimbursed Employee Business Expenses. (E	nclose PA Schedule	UE)		.00		.00
3. Other Taxable Earned Income *				.00		.00
4. Total Taxable Earned Income (Add lines 1 through	h 3)			.00		.00
5. Net Profit (Enclose PA Schedules*)				.00		.00
6. Net Loss (Enclose PA Schedules*)				.00		.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5.	If less than zero, ente	er zero)		.00		.00
8. Total Taxable Earned Income and Net Profit (Add	Lines 4 and 7)			.00		.00
	NOT ROUN	D AMC	UNTS BELO	W THIS LINE	ı	
9. Total Tax Liability (Line 8 multiplied by	)					
10. Total Local Earned Income Tax Withheld as Rep	orted on W-2(s) .					
11.Quarterly Estimated Payments/Credit From Previous	ious Tax Year					
12. Miscellaneous Tax Credits						
13. TOTAL PAYMENTS and CREDITS (Add lines 10	through 12)					
14. Refund IF MORE THAN \$1.00, enter amount (c	or select option in 15	)				
15. Credit Taxpayer/Spouse (Amount of Line 13 you wa						
16. EARNED INCOME TAX BALANCE DUE (Line 9	minus Line 13)					
17. Penalty after April 15* (multiply line 16 by	)					
18. Interest after April 15* (multiply line 16 by	)					
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)						
*See Instructions  Under penalties of perju	ırv T (we) declare tha	at I (we) have	e examined this informa	ation including all accord	npanying	
	statements and to the	e best of my		ue, correct and complete	e	E (MM/DD/YYYY)
TOUR SIGNATURE		3FUU3E 8	SIGNATURE (II FIIING C	Jointay)		
PREPARER'S PRINTED NAME & SIGNATURE					PHONE NUMBER	

### **SubChapter S Corporations Earnings**

FOR AUDIT PURPOSES ONLY DO NOT LIST ON FRONT OF TAX FORM. PLEASE PROVIDE TOTAL BELOW:

S-CORPORATION INCOME: TAXPAYER A \$\_\_\_\_\_\_TAXPAYER B \$\_\_\_\_\_

## **LOCAL WORKSHEET (For Taxpayers Who Moved During the Year)**

INCOME PRORA	(TION (				)
Employer # 1			Residence #1 – Complete	Address	
Local Income \$ _ Tax Withheld \$ _	Total Income  Total Tax Withheld	_/ <u>12</u> X _ _/ <u>12</u> X _	# of months at this residence # of months at this residence	= Prorated Income – Employer # = Prorated Tax Withheld – Emplo	
Employer # 2					
Local Income \$ _ Tax Withheld \$ _	Total Income  Total Tax Withheld	/ <u>12</u> X / <u>12</u> X	# of months at this residence # of months at this residence	= Prorated Income – Employer # = Prorated Tax Withheld – Emplo	
INCOME PRORA	ATION (		Residence #2 – Complete	Address	)
			# of months at this residence # of months at this residence	= Prorated Income – Employer # = Prorated Tax Withheld – Emplo	
Employer # 2 Local Income \$ _ Tax Withheld \$ _			# of months at this residence # of months at this residence	= Prorated Income – Employer # Prorated Tax Withheld – Emplo	<del>2</del> <del>y</del> er #2
(See Instructions Line 1 EARNED INCOME as shown on the state Local tax rate: 1% or	actually taxed in ot or Philadelphia tax     as specified on the	her state or Phareturn	orm	Taxpayer A(1) X	Taxpayer B (1) X
Multiply line (1) by t	ax rate			(2)	(2)

On line 12 of page one of this return, enter the amount on line (5) or the amount on line (2) of worksheet, whichever is less. (If less than zero, enter zero).

(4)

(5)

CREDIT to be used against Local Tax (Line 3 minus line 4) ......(5)

Enclose a copy of the PA Return with Schedule G and the other state return when requesting credit for tax paid to a nonreciprocating state. Enclose a copy of the Philadelphia Net Profits Return when requesting credit for Philadelphia net profits tax. Failure to supply the other PA

Enclose a copy of the Philadelphia Net Profits Return when requesting credit for Philadelphia net profits tax. Failure to supply the other PA return and Schedule G, the other state return, or a copy of the Philadelphia net profits return or the credit will be disallowed.

If claiming credit for Philadelphia Tax withheld from earnings within Philadelphia attach a copy of any Non-Resident Employee Earnings Allocation and/or any Deductible Employee Business Expense Report and/or any Employee Wage Tax Refund Petition filed with the City of Philadelphia Revenue Department with a copy of the wage and tax statement showing the amount of Philadelphia wage tax withheld.