



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.

e-file at www.KeystoneCollects.com

Tax Year

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

If you moved during the tax year, file one return for each municipality. Use Part-Year Resident Schedule on back to calculate income and taxes for each return (enter PSD Code for each jurisdiction).

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 [][]-[][]-[][][]	RESIDENT PSD CODE	EXTENSION REQUEST FORM <small>see Instructions A5 Download form at www.KeystoneCollects.com</small>		<input type="checkbox"/> AMENDED RETURN

<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of which spouse appears first. Combining income is NOT permitted.</p> <p style="text-align: center;">USE ONLY 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</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;">[][][][][][][][][]</p> <p>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> <p style="text-align: center;">[][][][][][][][][]</p> <p>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>
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1. Gross compensation as reported on W-2(s) (enclose W-2s)00	.00	.00	.00	.00
2. Unreimbursed Employee Business Expenses (enclose PA Schedule UE)00	.00	.00	.00	.00
3. Other Taxable Income (see Instructions; enclose supporting documents) .....	.00	.00	.00	.00	.00
4. Total Taxable Income (subtract Line 2 from Line 1 and add Line 3) .....	.00	.00	.00	.00	.00
5. Net Profits (enclose PA Schedules) .....	.00	.00	.00	.00	.00
NON-TAXABLE S-CORP earnings check this box <input type="checkbox"/> (enclose S-Corp Schedule)	.00	.00	.00	.00	.00
6. Net Loss (enclose PA Schedules) .....	.00	.00	.00	.00	.00
7. Total Taxable Net Profit (subtract Line 6 from Line 5; if less than zero, enter zero) .....	.00	.00	.00	.00	.00
8. Total Taxable Income and Net Profit (add Line 4 and Line 7) .....	.00	.00	.00	.00	.00
9. Tax Liability (Line 8 multiplied by ) .....	.00	.00	.00	.00	.00
10. Local Income Tax Withheld (may not equal W-2; see Instructions) .....	.00	.00	.00	.00	.00
11. Quarterly and Extension Payments/Credit From Previous Year .....	.00	.00	.00	.00	.00
12. Credits: Out-of-State, Philadelphia and Act 172 (enclose supporting documents) .....	.00	.00	.00	.00	.00
13. PAYMENTS and CREDITS (add Lines 10, 11, and 12) .....	.00	.00	.00	.00	.00
14. Refund: enter if \$2 or more; or select credit option in Line 15 .....	.00	.00	.00	.00	.00
15. Credit to Taxpayer/Spouse if \$2 or more, apply credit as follows .....	.00	.00	.00	.00	.00
<input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	.00	.00	.00	.00	.00
16. TAX BALANCE DUE (Line 9 minus Line 13) .....	.00	.00	.00	.00	.00
17. Penalty after April 15 (multiply Line 16 by ____ x number of months late) .....	.00	.00	.00	.00	.00
18. Interest after April 15 (multiply Line 16 by 0.005 x number of months late) .....	.00	.00	.00	.00	.00
19. TOTAL PAYMENT DUE (add Lines 16, 17 and 18) .....	.00	.00	.00	.00	.00

Do not photocopy or print more than one W-2 or Form 1099 on the same page.

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 AND SIGNATURE		PHONE NUMBER



