

# Final Return For Local Income Tax

MAKE CHECKS PAYABLE TO:

ESTIMATED TAXPAYERS	TAXPAYER A	TAXPAYER B
PRIOR YEAR'S INCOME		
ENTER BELOW PAYMENTS MADE DIRECTLY TO THIS OFFICE AND ENTER THE TOTAL ON LINE 9B		
1ST QTR. \$		1ST QTR. \$
2ND QTR. \$		2ND QTR. \$
3RD QTR. \$		3RD QTR. \$
4TH QTR. \$		4TH QTR. \$
TOTAL \$		TOTAL \$

OFFICE HOURS

PHONE NUMBER

TAXING DISTRICT

THIS FORM TO BE COMPLETED AND FILED BY ALL PERSONS SUBJECT TO THE TAX.

TAX YEAR \_\_\_\_\_ LOCAL TAX RATE \_\_\_\_\_

INDICATE NAME OF CITY, BOROUGH OR TOWNSHIP OF RESIDENCE BELOW IF DIFFERENT. \_\_\_\_\_

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TAX YEAR

TAX RATE

PLEASE READ INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

TAXPAYER A

TAXPAYER B

NAME

NAME

ACCOUNT #

ACCOUNT #

Part-Year Residents Indicate Residency Dates: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

**TWO-INCOME COUPLES MAY FILE ON THIS FORM. HOWEVER, TAX CALCULATIONS MUST BE ENTERED IN SEPARATE COLUMNS. COMBINING INCOMES IS NOT PERMITTED.**

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1. Earned Income/Compensation (Attach W-2 Forms, 1099 Forms - Attach list if necessary)
2. Less Allowable Business Expenses (Attach PA Schedule UE1 Forms & Federal 2106)
3. Total Earned Income/Compensation (Line 1 minus Line 2)
4. Net Loss From Business, Profession, Farm (Attach Schedules C, K-1, E, F etc.)
5. Subtotal Net Earned Income/Compensation & Net Losses (Line 3 minus Line 4)  
(Note: If Negative Enter "0")
6. Net Profits From Business, Profession, Farm (Attach Form 4797, Schedules C, K-1, E, F etc.)
7. Total Taxable Earned Income/Compensation and Net Profits (Line 5 plus Line 6)
8. Calculate Tax Due (Multiply Line 7 by local tax rate above)

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- 9a. Local Tax Withheld (Limit: local tax rate)
- 9b. Quarterly Tax Paid To This Office (Totals from current tax year payments chart above)
- 9c. PHILADELPHIA CITY TAX CREDIT
- 9d. Prior Year Overpayment or Other Credit(s) From Reverse
9. Total (Add a, b, c and d)

10. Overpayment (If Line 9 is greater than Line 8)  Credit to next year  Refund  
Amounts under \$5.00 will be credited to next year. No refunds under \$5.00.
11. Unpaid Tax Balance (If Line 9 is less than Line 8)
12. Penalty and Interest (1% per month of Line 11)
13. Total Payment Due (Line 11 plus Line 12) No payments under \$1.00 required.
14. 3% Convenience Fee (If paying by credit card) (Line 13 x 0.03)

15. Total Amount Enclosed (Total of Line 13 and 14) \_\_\_\_\_  15.

PLEASE SEE REVERSE SIDE OF FORM FOR CREDIT CARD PAYMENTS

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREON IS TRUE AND CORRECT. PERMISSION IS GRANTED TO MAKE INQUIRY WITH OTHER DISTRICTS TO RECOVER ANY TAXES DUE.

TAXPAYER A SIGNATURE	DATE	PHONE	EMPLOYER
TAXPAYER B SIGNATURE	DATE	PHONE	EMPLOYER
PREPARED BY:	DATE	PHONE	PREPARER ADDRESS

THIS FORM TO BE COMPLETED AND FILED BY ALL PERSONS SUBJECT TO THE TAX. ALL ACCOUNTS SUBJECT TO AUDIT AND COMPARISON TO PA DEPT. OF REVENUE INCOME REPORTS. REFUNDS MAY BE REDUCED BY TAX LIABILITY OWED FOR PRIOR TAX YEARS OR TAX TYPES. YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING YOUR LOCAL POLITICAL SUBDIVISION LISTED ABOVE.