

Municipal & School Earned Income Tax Office
 2790 West Fourth Street ~ Williamsport PA 17701
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, please supply additional information.

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 need additional space - please see back of form.

LAST NAME, FIRST NAME, MIDDLE INITIAL		SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY		STATE	ZIP CODE

DAYTIME PHONE NUMBER	RESIDENT PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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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. ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM <input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*	Social Security # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Spouse's Social Security # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	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	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)	1.	.00	1.	.00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)	2.	.00	2.	.00
3. Other Taxable Earned Income *	3.	.00	3.	.00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)	4.	.00	4.	.00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	5.	.00	5.	.00
6. Net Loss (Enclose PA Schedules*)	6.	.00	6.	.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . .	7.	.00	7.	.00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)	8.	.00	8.	.00
9. Total Tax Liability (Line 8 multiplied by)	9.	.00	9.	.00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	10.	.00	10.	.00
11. Quarterly Estimated Payments/Credit From Previous Tax Year	11.	.00	11.	.00
12. Out-of-State or Philadelphia Credits (include supporting documentation)	12.	.00	12.	.00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)	13.	.00	13.	.00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)	14.	.00	14.	.00
15. Credit Taxpayer/Spouse (Amount of Line 14 you want as a credit to your account) . . . <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	15.	.00	15.	.00
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)	16.	.00	16.	.00
17. Penalty after April 15* (multiply Line 16 by)	17.	.00	17.	.00
18. Interest after April 15* (multiply Line 16 by)	18.	.00	18.	.00
19. Late fee if appl.... le* \$20.00 per taxpayer	19.	.00	19.	.00
20. TOTAL PAYMENT DUE (Add Lines 16, 17, 18 & 19)	20.	.00	20.	.00

*See Instructions

MAKE CHECKS PAYABLE TO: "INCOME TAX OFFICER"

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

You may email your completed return to TaxOffice@wasd.org Include ALL supporting documentation in your email (W-2s, Schedules, etc.).

S-CORPORATION PROFIT/LOSS REPORT

To avoid future correspondence, please report any S Corporation Pass-Through profits (losses) that were reported on your PA 40 Return.

TAXPAYER A:

										0	0
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TAXPAYER B:

										0	0
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LOCAL WORKSHEET (Moved During the Year)

PART YEAR RESIDENT

Residence #1 _____ Dates _____ to _____ Length of Time _____

Residence #2 _____ Dates _____ to _____ Length of Time _____

INCOME PRORATION (_____)

Employer # 1 _____	Residence # 1 COMPLETE ADDRESS _____
Local Income \$ _____ / 12 X _____ = _____	# of months at this residence _____
Withholding \$ _____ / 12 X _____ = _____	# of months at this residence _____
Employer # 2 _____	# of months at this residence _____
Local Income \$ _____ / 12 X _____ = _____	# of months at this residence _____
Withholding \$ _____ / 12 X _____ = _____	# of months at this residence _____
Residence #1 Total Income _____	Total Withholding _____

INCOME PRORATION (_____)

Employer # 1 _____	Residence # 2 COMPLETE ADDRESS _____
Local Income \$ _____ / 12 X _____ = _____	# of months at this residence _____
Withholding \$ _____ / 12 X _____ = _____	# of months at this residence _____
Employer # 2 _____	# of months at this residence _____
Local Income \$ _____ / 12 X _____ = _____	# of months at this residence _____
Withholding \$ _____ / 12 X _____ = _____	# of months at this residence _____
Residence #2 Total Income _____	Total Withholding _____

Tax Rates by District

East Lycoming School District: 1.7%	Montoursville School District: 1.65%
Jersey Shore School District: 1.6%	Muncy School District: 1.75%
Loyalsock School District: 1.65%	South Williamsport School District: 1.6%
Montgomery School District: 1.75%	Williamsport School District: 2%

NON-RECIPROCAL STATE WORKSHEET

(See Instructions line 12)

EARNED INCOME: Taxed in other state as shown on the state tax return.

Enclose a copy of state return or credit will be disallowed (1) _____

Local tax 1% or as specified on the front of this form X _____

(2) _____

Tax Liability Paid to other state(s) (3) _____

PA Income Tax (line 1 x PA Income Tax rate for year being reported) (4) _____

CREDIT to be used against Local Tax
(Line 3 minus line 4) On line 12 enter this amount
or the amount on line 2 of worksheet, whichever is less. (If less than zero, enter zero) (5) _____

****Additional Addresses:**

DATES LIVING AT EACH ADDRESS	ADDRESS	TWP OR BORO	COUNTY
/ / TO / /			
/ / TO / /			
/ / TO / /			

A NOTE FOR RETIRED AND/OR SENIOR CITIZENS

IF YOU ARE RETIRED AND ARE NO LONGER RECEIVING A SALARY, WAGES OR INCOME FROM A BUSINESS, YOU MAY NOT OWE AN EARNED INCOME TAX.

SOCIAL SECURITY PAYMENTS, PAYMENTS FROM A QUALIFIED PENSION PLAN AND INTEREST AND/OR DIVIDENDS ACCRUED FROM BANK ACCOUNTS AND/OR INVESTMENTS ARE NOT SUBJECT TO THE LOCAL EARNED INCOME TAX.

IF YOU RECEIVED A LOCAL EARNED INCOME TAX FORM AND ARE RETIRED WITH NO EARNED INCOME, PLEASE CHECK THE APPROPRIATE BOX ON THE FORM AND RETURN.

IF YOU STILL RECEIVE WAGES FROM A PART-TIME EMPLOYER OR BUSINESS, YOU WILL NEED TO FILE AND PAY THE EARNED INCOME TAX.