

LOCAL EARNED INCOME TAX RETURN

 BLAIR COUNTY TAX COLLECTION BUREAU
 PO Box 307
 Duncansville, PA 16635-0307

PHONE: (814) 317-5335

E-MAIL: info@blairtax.org

WEBSITE: www.blairtax.org

**YOU ARE REQUIRED BY LAW TO FILE THIS
 RETURN ON OR BEFORE APRIL 15th EVEN IF NO
 TAX IS DUE OR IF ALL TAX HAS BEEN WITHHELD**

Name & Address:

Tax Year:
**If 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 / /				

***If you need additional space – please see back of form.*

DAYTIME PHONE NUMBER	RESIDENT MUNICIPALITY/PSD CODE	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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"/>		Social Security # <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 in Box 16 of W-2(s). (Enclose W-2s) . . . . .		.00	.00	
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) . . . . .	(	.00)	(	.00)
3. Other Taxable Earned Income * (Enclose 1099-Misc or NEC. / 1099-R / 1099-C)		.00	.00	
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3) . . . . .		.00	.00	
5. Net Profit (Enclose PA Schedules*) . . . . .		.00	.00	
NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>				
6. Net Loss (Enclose PA Schedules*) . . . . .	(	.00)	(	.00)
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)		.00	.00	
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) . . . . .		.00	.00	
9. Total Tax Liability (Line 8 multiplied by tax rate ____) (See reverse) . . . . .		.00	.00	
10. Total Local Earned Income Tax Withheld (May not equal W-2 – See Instructions)		.00	.00	
11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .		.00	.00	
12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .		.00	.00	
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12) . . . . .		.00	.00	
14. Refund IF MORE THAN \$1.00 , enter amount (or select option in 15) . . . . .	(	.00)	(	.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	(	.00)	(	.00)
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) . . . . .		.00	.00	
17. Penalty after April 15* (multiply Line 16 by ____% per month)				
18. Interest after April 15* (multiply Line 16 by ____ state daily rate)				
19. Flat Rate Occupation Tax (See reverse) . . . . .		.00	.00	
20. Late filing fee if mailed after Apr 15; \$12.00 * per taxpayer if joint. . . . .		.00	.00	
21. TOTAL PAYMENT DUE (Add Lines 16, 17, 18, 19, and 20) .(subtract line 14) ..				

**See Instructions*

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.		EMAIL ADDRESS
YOUR SIGNATURE	SPOUSE'S SIGNATURE (If filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME		PREPARER'S PHONE NUMBER

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 INCOME PRORATION - Do not use partial months, round to the next month if over 15 days.

Residence # 1	Dates	to	No. of Months
Local Income \$	/ 12 months X	# of months at this residence	=
Withholding \$	/ 12 months X	# of months at this residence	=
Residence # 2	Dates	to	No. of Months
Local Income \$	/ 12 months X	# of months at this residence	=
Withholding \$	/ 12 months X	# of months at this residence	=

*Use additional
pages where
necessary

Line 9: DETERMINING YOUR TAX LIABILITY WORKSHEET

The chart below should be used to determine Resident Rate and Non-Resident Rate for calculation purposes. If you work outside of Blair County, calculate tax based on your resident rate below. If you need assistance you can e-mail info@blairtax.org.

	Employer's Name	Physical Work Location	Gross Earned Income (Net Profits or W-2 box 16)	A) Taxpayer Resident Rate	B) Work Location Non-Resident Rate	C) Total Tax Liability Enter the higher of A or B
Ex:	ABC Productions	123 Anywhere St, Altoona	\$1,000	1%	1.40%	\$14.00
1.						
2.						
TOTAL Tax Liability (Enter on Line 9)						

Line 10: LOCAL EARNED INCOME TAX WITHHELD WORKSHEET

(Complete worksheet if you work in an area outside of Blair County where the non-resident tax rate exceeds your home resident rate)

	(1) Local Wages	(2) Tax Withheld	(3) Home Location Resident Rate	(4) Work Location Non-Resident Rate	(5) Col. 4 minus Col. 3	(6) Disallowed Withholding Credit	(7) Credit Allowed For Tax Withheld
Ex:	(W2 box 16 or 18)	(W2 box 19)	(See page 1, line 9)	(See Instructions)	(if less than 0 enter 0)	(Col. 1 x Col. 5)	(Col. 2 - Col. 6)
	10,000	130	1.25%	1.30%	0.05%	5.00	125.00
1.							
2.							
TOTAL (Enter this amount on Line 10)							

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) _____

TAX RATE CHART: Each taxpayer has been assigned a PSD. The six digit code starting with 07 is located on the front page upper left hand corner above your address. If you believe it is incorrect, please indicate on your return.

PSD	BLAIR TAX COLLECTION DISTRICT		EIT RATE Resident	EIT RATE Non-Resident	PSD	BLAIR TAX COLLECTION DISTRICT		EIT RATE Resident	EIT RATE Non-Resident
0701	ALTOONA AREA SD				0705	SPRING COVE SD			
070101	BLAIR	ALTOONA CITY	1.70%	1.40%	070501	BLAIR	FREEDOM TWP	1.00%	~~~
070102	BLAIR	LOGAN TWP	1.00%	1.00%	070502	BLAIR	HUSTON TWP	1.00%	1.00%
070103	BLAIR	TYRONE TWP	1.00%	1.00%	070503	BLAIR	MARTINSBURG BORO	1.00%	1.00%
0702	BELLWOOD-ANTIS SD				070504	BLAIR	NORTH WOODBURY TWP	1.00%	1.00%
070201	BLAIR	ANTIS TWP	1.00%	~~~	070505	BLAIR	ROARING SPRING BORO	1.00%	~~~
070202	BLAIR	BELLWOOD BORO	1.00%	1.00%	070506	BLAIR	TAYLOR TWP	1.00%	~~~
0703	CLAYSBURG-KIMMEL SD				0706	TYRONE AREA SD			
070301	BEDFORD	KIMMEL TWP	1.00%	1.00%	070601	BLAIR	SNYDER TWP	1.15%	1.00%
070302	BLAIR	GREENFIELD TWP	1.00%	1.00%	070602	BLAIR	TYRONE BORO	1.90%	1.00%
0704	HOLLIDAYSBURG AREA SD				070603	BLAIR	TYRONE TWP	1.15%	1.00%
070401	BLAIR	ALLEGHENY TWP	1.00%	1.00%	070604	CENTRE	TAYLOR TWP	1.15%	~~~
070402	BLAIR	BLAIR TWP	1.00%	1.00%	070605	HUNTINGDON	BIRMINGHAM BORO	1.15%	1.00%
070403	BLAIR	DUNCANSVILLE BORO	1.00%	1.00%	070606	HUNTINGDON	FRANKLIN TWP	1.15%	1.00%
070404	BLAIR	FRANKSTOWN TWP	1.00%	1.00%	070607	HUNTINGDON	WARRIORS MARK TWP	1.15%	1.00%
070405	BLAIR	HOLLIDAYSBURG BORO	1.00%	1.00%	0707	WILLIAMSBURG COMMUNITY SD			
070406	BLAIR	JUNIATA TWP	1.00%	~~~	070701	BLAIR	CATHARINE TWP	1.00%	1.00%
070407	BLAIR	NEWRY BORO	1.00%	1.00%	070702	BLAIR	WILLIAMSBURG BORO	1.00%	~~~
					070703	BLAIR	WOODBURY TWP	1.00%	1.00%

Flat Rate Occupational Tax (Line 19)

Residents of the following locations are required to pay the Flat Rate Occupational Tax based on the ordinances of:

Altoona Area School District(Altoona City, Logan Twp, Tyrone Twp)\$10.00 If you have earnings of \$1,200 or more

Bellwood Antis School District\$10.00 If you have earnings of \$2,500 or more and are at least 18 years of age **

Hollidaysburg Area School District\$10.00 If you have earnings of \$1,500 or more

Spring Cove School District\$10.00 If you have earnings of \$1,000 or more

*Exclusions to the Flat Rate Occupational Tax: members of the clergy

**If you are exempt from Flat Rate Occupational Tax due to age, please provide date of birth.

Please refer to Line 20 instructions for additional information.