

LOCAL EARNED INCOME TAX RETURNBLAIR COUNTY TAX COLLECTION BUREAU
PO Box 307
Duncansville, PA 16635-0307PHONE: (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"/> | | | | | | | | | | | | | | | | |
| <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>ONLY USE 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 <input type="checkbox"/> Final Return*</p> | | <p>Social Security #</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> <p>If you had NO EARNED INCOME, check the reason why:</p> <table><tr><td><input type="checkbox"/> Disabled</td><td><input type="checkbox"/> Student</td></tr><tr><td><input type="checkbox"/> Deceased</td><td><input type="checkbox"/> Military</td></tr><tr><td><input type="checkbox"/> Homemaker</td><td><input type="checkbox"/> Retired</td></tr><tr><td><input type="checkbox"/> Unemployed</td><td></td></tr></table> | | | <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="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 | |
| <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="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*) NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/> | | .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, 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 <u> 1 </u> % per month) | | | | | | | | | | | | | | | | | | | | |
| 18. Interest after April 15* (multiply Line 16 by <u> state daily rate </u>) | | | | | | | | | | | | | | | | | | | | |
| 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 |
|--|--|--|--|--|--|--|--|---|---|

TAXPAYER B:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|---|---|
| | | | | | | | | 0 | 0 |
|--|--|--|--|--|--|--|--|---|---|

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 (W2 box 16 or 18) | (2) Tax Withheld (W2 box 19) | (3) Home Location Resident Rate (See page 1, line 9) | (4) Work Location Non-Resident Rate (See Instructions) | (5) Col. 4 minus Col. 3 (if less than 0 enter 0) | (6) Disallowed Withholding Credit (Col. 1 x Col. 5) | (7) Credit Allowed For Tax Withheld (Col. 2 – Col. 6) |
|--------------------------------------|--------------------------------------|---------------------------------|---|---|---|--|--|
| Ex: | 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 _____

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

(1) _____

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 |
|--------|-------------------------------|--------------------|-------------------|-----------------------|
| 0701 | ALTOONA AREA SD | | | |
| 070101 | BLAIR | ALTOONA CITY | 1.70% | 1.40% |
| 070102 | BLAIR | LOGAN TWP | 1.00% | 1.00% |
| 070103 | BLAIR | TYRONE TWP | 1.00% | 1.00% |
| 0702 | BELLWOOD-ANTIS SD | | | |
| 070201 | BLAIR | ANTIS TWP | 1.00% | ~~~ |
| 070202 | BLAIR | BELLWOOD BORO | 1.00% | 1.00% |
| 0703 | CLAYSBURG-KIMMEL SD | | | |
| 070301 | BEDFORD | KIMMEL TWP | 1.00% | 1.00% |
| 070302 | BLAIR | GREENFIELD TWP | 1.00% | 1.00% |
| 0704 | HOLLIDAYSBURG AREA SD | | | |
| 070401 | BLAIR | ALLEGHENY TWP | 1.00% | 1.00% |
| 070402 | BLAIR | BLAIR TWP | 1.00% | 1.00% |
| 070403 | BLAIR | DUNCANSVILLE BORO | 1.00% | 1.00% |
| 070404 | BLAIR | FRANKSTOWN TWP | 1.00% | 1.00% |
| 070405 | BLAIR | HOLLIDAYSBURG BORO | 1.00% | 1.00% |
| 070406 | BLAIR | JUNIATA TWP | 1.00% | ~~~ |
| 070407 | BLAIR | NEWRY BORO | 1.00% | 1.00% |

| PSD | BLAIR TAX COLLECTION DISTRICT | | EIT RATE Resident | EIT RATE Non-Resident |
|--------|-------------------------------|---------------------|-------------------|-----------------------|
| 0705 | SPRING COVE SD | | | |
| 070501 | BLAIR | FREEDOM TWP | 1.00% | ~~~ |
| 070502 | BLAIR | HUSTON TWP | 1.00% | 1.00% |
| 070503 | BLAIR | MARTINSBURG BORO | 1.00% | 1.00% |
| 070504 | BLAIR | NORTH WOODBURY TWP | 1.00% | 1.00% |
| 070505 | BLAIR | ROARING SPRING BORO | 1.00% | ~~~ |
| 070506 | BLAIR | TAYLOR TWP | 1.00% | ~~~ |
| 0706 | TYRONE AREA SD | | | |
| 070601 | BLAIR | SNYDER TWP | 1.15% | 1.00% |
| 070602 | BLAIR | TYRONE BORO | 1.90% | 1.00% |
| 070603 | BLAIR | TYRONE TWP | 1.15% | 1.00% |
| 070604 | CENTRE | TAYLOR TWP | 1.15% | ~~~ |
| 070605 | HUNTINGDON | BIRMINGHAM BORO | 1.15% | 1.00% |
| 070606 | HUNTINGDON | FRANKLIN TWP | 1.15% | 1.00% |
| 070607 | HUNTINGDON | WARRIORS MARK TWP | 1.15% | 1.00% |
| 0707 | WILLIAMSBURG COMMUNITY SD | | | |
| 070701 | BLAIR | CATHARINE TWP | 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
Bellwood Antis School District\$10.00
Hollidaysburg Area School District\$10.00
Spring Cove School District\$10.00

If you have earnings of \$1,200 or more

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

If you have earnings of \$1,500 or more

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.

ONLINE FILING at www.palite.org