FINAL EARNED INCOME TAX RETURN

MUNICIPAL & SCHOOL EARNED INCOME TAX OFFICE 2790 West Fourth Street ~ Williamsport PA 17701

PHONE: 570-601-3980 FAX: 570-327-0650

WEB SITE: lycomingtax.org

TAX YEAR

ATTACH APPROPRIATE COPIES OF STATE SCHEDULES AND/OR ALL

W-2'S & 1099'S

2018

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

Name & Current Address in box below

A husband and wife may both file on this form, however tax calculations **must** be reported in separate columns. Joint filing (combining of income or expenses) is not permitted.

FULL YEAR RESIDENT? YE	Address		Moved In	NO [].	Address	PLETE THE FOLLOWING MOVING INFORMATION:			
Moved Out			Moved Out						
Moved In		Ν	Moved In		_				
Moved Out 12/31		Ν	Moved Out 1	2/31					
			Тахрауе	Taxpayer-B 🔱					
YOU MUST			Name			a- A ~			
			Soci	al Secur					
1. Gross Earnings from En	nployment: Enclose W-2s Ro	ound to the neares			1.	.00	.00		
2. Allowable Non-Reimbursed Employee Business Expenses Enclose PA S complete sec			ch UE or						
				k	2.	.00	.00		
3. Other Earned income Enclose 1099-MISC / 1099-R if taxable to the State. DO NOT INCLUDE INTEREST, DIVIDENDS, CAPITAL GAINS, 1099-C.					3.	.00	.00		
4. Taxable Earnings Line 1 minus Line 2 plus Line 3. IF LESS THAN ZERO, ENTER ZERO					4.	.00	.00		
5. Net Profit Attach PA Sch C, F, RK-1 and/or NRK-1					5.	.00	.00		
6. Net Loss Attach PA Sch C, F, RK-1 and/or NRK-1					6.	.00	.00		
7. Subtotal Subtract Line 6 from Line 5 IF LESS THAN ZERO, ENTER ZERO					7.	.00	.00		
8. Total Earned Income Line 4 plus Line 7					8.	.00	.00		
9. Tax Liability Line 8 multiplied by tax rate(See instructions)					9.	.00	.00		
10. Earned Income Tax Withheld					10.	.00	.00		
11. Quarterly Estimated Payments/Credit From Previous Tax Year					11.	.00	.00		
12. Misc Credit See worksheet on back of form for calculating Philadelphia/Out of State Credit					12.	.00	.00		
13. Total of 10, 11, & 12					13	.00	.00		
14. REFUND/CREDIT Subtract Line 9 from Line 13 Enter amount if more than \$1.00					14	.00	.00		
15. CREDIT TO NEXT YEAR/CREDIT TO SPOUSE Next Year Spouse Spouse					15	.00	.00		
16. TAX DUE If Line 9 is greater than Line 13-Subtract Line 13 from Line 9					16	.00	.00		
NOTE: Amounts of \$1.00 or less need not be paid. 17. Penalty after April 17th SEE INSTRUCTIONS					17				
18. Interest after April 17th SEE INSTRUCTIONS					18				
19. TOTAL AMOUNT DUE Line 16 plus Line 17 plus Line 18					19				
	INCOME TAX OFFICER. A FEE	OF \$20.00 WILL		GED FO	R RETURNED CH	ECKS.			
	ties of perjury that I have examined this r		-	ledge and b					
Signature-Taxpayer A	Date	Occupati	on		E-Mail	[Daytime Telephone		
Signature-Taxpayer B	Date	Occupati	tion E		E-Mail	I	Daytime Telephone		
g.lataro laspajor D	Duto	00000000				<u>`</u>			
Preparer's Name/Address (Please Print)							hone		

Preparer's Telephone

EMPLOYMENT/OTHER INCOME WORKSHEET

Municipal & School Earned Income Tax Office collects the earned income/compensation tax and the net profits tax for the following school districts and the municipalities contained in them. If you were a resident of any of the municipalities and school districts for all or any portion of the tax year, you are required to file a written form with this office.

East Lycoming SD-1.7%	Montoursville SD-1.65%
Jersey Shore SD-1.6% (includes Avis Boro, Crawford TWP, & Pine Creek TWP I)	Muncy SD-1.75%
Loyalsock SD-1.65%	So Williamsport SD-1.6%
Montgomery SD-1.75%	Williamsport SD-2%

Taxpayer A

EMPLOYER/SOURCE OF INCOME		EMPLOYED	TAXP	AYER A	PRO-RATED FIGURES			
Enclose a W-2, 1099 or written explanation of income for each entry. Do not include income from 1099-DIV/INT, PA Unemployment Comp., Capital Gains		TO	GROSS EARNINGS	Local-Tax Withheld	PRO-RATED EARNINGS	PRO-RATED TAX		
1								
2								
3								
4								
5								
6								
If more space is needed you may attach an additional shee	t of paper.	TOTAL	Enter on Line 1	Enter on Line 10	Enter on Line 1	Enter on Line 10		
Taxpayer B								
EMPLOYER/SOURCE OF INCOME	-	EMPLOYED	TAXPAYER B GROSS LOCAL-TAX		PRO-RATE PRO-RATED	D FIGURES		
Enclose a W-2, 1099 or written explanation of income for each entry. Do no include income from 1099-DIV/INT, PA Unemployment Comp., Capital Gain		TO	EARNINGS	LOCAL-TAX WITHHELD	EARNINGS	TAX		
1								
2								
3								
4								
5								
6								
		TOTAL						
If more space is needed you may attach an additional sheet			Enter on Line 1 or 3	Enter on Line 10	Enter on Line 1	Enter on Line 10		
NON RECIPROCAL STATE/PHILADELPHIA CREDIT W ACTUAL INCOME taxed by other state as shown on other state's return			shown on W-2 or	as reported to				
The City of Philadelphia. Required: Attach copy of out-of-st					(1)			
Local Tax Rate as specified in the table above	Х	%						
Local Tax Liability					(2)			
Tax Liability paid to other state or Philadelphia (PHILADELPHIA CREDIT	: Lesser Amour	nt should be ei	ntered on Line 12)	(3)			
Continue for OUT-OF-STATE CREDIT: PA Income Tax (Line 1 x PA Income Tax Rate) (4)								
LOCAL TAX CREDIT (Line 3 minus Line 4) If Line 4 is more than Line 3 er	LOCAL TAX CREDIT (Line 3 minus Line 4) If Line 4 is more than Line 3 enter ZERO, Enter lesser amount from Line 2 or 5 on Line 12 (5)							
Unreimbursed Employee Business Expense	S							
Employer Name:J	ob Descriptio	on:						
1. Union Dues (list union name(s) and amount(s):								
2. Work Cloths and Uniforms (required as a condition of e	employment	and not sui	table for every	day use):				
3. Small Tools and Supplies (required as a condition of e	mployment a	and not prov	vided by your o	employer):				
4. Miscellaneous (include itemized list):								
5. Total Allowable Employee Expenses (add lines 1through	gh 4):							
6. Reimbursements (enter amounts that your employer D	ID NOT repo	ort on your \	N-2):					
7. Net Expenses (subtract line 6 from 5):								