



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 collection agency.

If you have relocated during the year, please supply additional information:

Tax Year 2018

DATES LIVING AT EACH ADDRESS		STREET ADDRESS (NO PO BOX, RD, RR)		CITY OR POST OFFICE	STATE	ZIP	
	TO						
	TO						
LAST NAME, FIRST NAME, MIDDLE INITIAL				SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL			
STREET ADDRESS (No PO box, RD or RR)					COUNTY		
SECOND LINE OF ADDRESS					SCHOOL DISTRICT		
CITY OR POST OFFICE			STATE	ZIP CODE	MUNICIPALITY		
Daytime Phone Number		PSD Code		Extension	Amended Return	Non-Resident	
<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 style="text-align: center;">USE ONLY 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>				Social Security Number		Social Security Number	
				<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="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).....							
2. Unreimbursed Employee Business Expenses (enclose PA Schedule UE).....							
3. Other Taxable Earned Income (see Instructions; enclose supporting documents)...							
4. Total Taxable Earned Income (subtract Line 2 from Line 1 and add Line 3).....							
5. Net Profits (enclose PA Schedules).....							
NON-TAXABLE S-CORP earnings check this box				(enclose S-Corp Schedule)			
6. Net Loss (enclose PA Schedules)							
7. Total Taxable Net Profit (subtract Line 6 from Line 5; if less than zero, enter zero) ...							
8. Total Taxable Earned Income and Net Profit (add Line 4 and Line 7)							
9. Total Tax Liability (Line 8 multiplied by tax rate of PSD							
10. Total Income Tax Withheld (may not equal W-2; see Instructions)							
11. Quarterly and Extension Payments/Credit From Previous Year.....							
12. Credits: Out-of-State, Philadelphia and Act 172 (enclose supporting documents)							
13. TOTAL PAYMENTS and CREDITS (add Lines 10, 11, and 12).....							
14. Refund: enter if more than \$1; or select credit option in Line 15							
15. Credit to Taxpayer/Spouse if more than \$1, apply credit as follows							
Credit to next year		Credit to spouse					
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)							
17. Penalty after April 15 (multiply Line 16 by 0.01 x number of months late).....							
18. Interest after April 15 (multiply Line 16 by 0.0033 x number of months late)							
19. TOTAL PAYMENT DUE (add Lines 16, 17 and 18)							
Taxpayer Signature			Spouse Signature, if married			Date	
Preparer's Printer Name and Signature					Phone Number		
AARP TAX-AIDE							
Tax Collection Agency							