

EARNED INCOME TAX RETURN
 BLAIR COUNTY TAX COLLECTION BUREAU
 1301 12th ST. SUITE 103
 ALTOONA, PA 16601-3458

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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

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 whether the husband or wife appears first. Combining income is NOT permitted.		Social Security # <input style="width: 100px; height: 20px;" type="text"/>		Social Security # <input style="width: 100px; height: 20px;" type="text"/>
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*		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. / 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 13 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 _____.)				
18. Interest after April 15* (multiply Line 16 by _____.)				
19. Flat Rate Occupation Tax (See reverse) . . . . .		.00		.00
20. Late filing fee if mailed after Apr 15; \$12.00 * . . . . .		.00		.00
21. TOTAL PAYMENT DUE (Add Lines 16, 17, 18, 19, and 20)				

**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

You can now file online at www.palite.org

