

CLGS-32-1 (04-16)



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 Officer.

*If you have relocated during the tax year, please supply additional information.

Tax Year 2022

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.*

TAXPAYER A: ONLINE PIN

TAXPAYER B: ONLINE PIN

DAYTIME PHONE NUMBER	RESIDENT PSD CODE	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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<p>The calculations reported in the first column MUST pertain to the name printed above on the left and the calculations in the second column should be for the spouse name listed on the right. 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 style="text-align: center;">Taxpayer A Social Security #</p> <p style="text-align: center;">If you had NO EARNED INCOME, check the reason why:</p> <p><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</p>	<p style="text-align: center;">Taxpayer B (Spouse's) Social Security #</p> <p style="text-align: center;">If you had NO EARNED INCOME, check the reason why:</p> <p><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</p>
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1. Gross Compensation as Reported on 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-NEC, 1099-C, and 1099-R excluding codes 3-9 & G)* . . . . .	.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 ) . . . . .	.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, Philadelphia, Act 172 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 x 0.01 x # months unpaid) . . . . .	.00	.00
18. Interest after April 15* (multiply Line 16 x 0.000082 x # days unpaid) . . . . .	.00	.00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) . . . . .	.00	.00

*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.		
YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE	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

Residence #1 _____ Dates _____ to _____ Length of Time _____

Residence #2 _____ Dates _____ to _____ Length of Time _____

INCOME PRORATION (_____)		Residence # 1 COMPLETE ADDRESS _____	
Employer # 1 _____			
Local Income \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Withholding \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Employer # 2 _____			
Local Income \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Withholding \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Residence #1	Total Income _____	Total Withholding _____	

INCOME PRORATION (_____)		Residence # 2 COMPLETE ADDRESS _____	
Employer # 1 _____			
Local Income \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Withholding \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Employer # 2 _____			
Local Income \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Withholding \$ _____ / _____	12	X _____	= _____
		# of months at this residence	
Residence #2	Total Income _____	Total Withholding _____	

LINE 10: LOCAL EARNED INCOME TAX WITHHELD WORKSHEET

(Complete worksheet if you work in an area 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)
Example:	10,000	130	1.25%	1.30%	0.05%	5.00	125.00
1.							
2.							
3.							
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) _____

****Additional Addresses:**

DATES LIVING AT EACH ADDRESS	ADDRESS	TWP OR BORO	COUNTY
/ / TO / /			
/ / TO / /			
/ / TO / /			

A NOTE FOR RETIRED AND/OR SENIOR CITIZENS

IF YOU ARE RETIRED AND ARE NO LONGER RECEIVING A SALARY, WAGES OR INCOME FROM A BUSINESS, YOU MAY NOT OWE AN EARNED INCOME TAX.

SOCIAL SECURITY PAYMENTS, PAYMENTS FROM A QUALIFIED PENSION PLAN AND INTEREST AND/OR DIVIDENDS ACCRUED FROM BANK ACCOUNTS AND/OR INVESTMENTS ARE NOT SUBJECT TO THE LOCAL EARNED INCOME TAX.

IF YOU RECEIVED A LOCAL EARNED INCOME TAX FORM AND ARE RETIRED WITH NO EARNED INCOME, PLEASE CHECK THE APPROPRIATE BOX ON THE FORM AND RETURN.

IF YOU STILL RECEIVE WAGES FROM A PART-TIME EMPLOYER OR BUSINESS, YOU WILL NEED TO FILE AND PAY THE EARNED INCOME TAX.