

EARNED INCOME TAX RETURN

for the North Strabane Township and Canon-McMillan School District

Make checks payable and return completed form to:

DONALD J. PROGAR, EITC
P.O. Box 202
Strabane, PA 15363

OFFICE HOURS AT
NORTH STRABANE TOWNSHIP MUNI. BLDG.
Monday thru Friday: 9am - 4pm.
Closed 12 noon to 1pm daily.

PHONE: (724) 745-5497

Check here if part-year resident of the township. Municipality moved From/To: _____

Date Moved in: ____/____/____ Moved out: ____/____/____

THIS FORM, COPIES, INCOME EXPENSE VERIFICATION FROM LINES 1,2,&3 AND PAYMENT MUST BE RECEIVED BY APRIL 15TH

*****FILING INSTRUCTIONS ON REVERSE SIDE*****

SOCIAL SECURITY NO.: _____

1. State Wages (W2 Box 16 or 18) (see other side for Taxable Income) (W-2 must be sent) 1. _____
2. Subtract: Unreimbursed Employee Expenses (2106 or UE must be sent) - 2. _____
3. Net Profits from Business, etc. (Sch C,E,F,K-1,RK-1 1099 Misc, etc. must be sent) 3. _____
4. TOTAL EARNED INCOME (total lines 1,2 and 3) → 4. _____
5. TOTAL EARNED INCOME TAX DUE → 5. _____
Multiply amount on line 4 by .01 (1%)
6. Taxes Withheld by Employer(s) 6. _____ (Box 21 of your W-2)
7. Total Quarterly payments 7. _____
8. TOTAL PAYMENTS (Add lines 6 & 7) → - 8. _____
9. NET TAX DUE (Subtract Line 8 from Line 5) → 9. _____
10. PENALTY (6% of Line 9) (If you did not make quarterly payment at 6% of Line 5) 10. _____
11. TOTAL PAYMENT SUBMITTED 11. _____
12. OVER PAYMENT (If Line 8 is greater than Line 5) 12. _____
13. REFUND (See other side) 13. _____
14. TRANSFER CREDIT TO NEXT YEAR (See other side) 14. _____

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF.

SIGNATURE _____ DATE _____

WHO MUST FILE? You must file this return if you had earnings from the taxable income listed below and you are or have been a resident of the township sometime during the tax year regardless of where compensation was earned. You must also file this return even if your tax liability has been paid in full by withholdings or quarterly payments. Joint filing is not permitted. This return is for earnings period January 1 thru December 31.

Tax office is located at 1929 Route 519 South, Canonsburg, PA 15317

TAXABLE INCOME

NON-TAXABLE INCOME

Bonuses	National Guard
Commissions	Net Profits
Estates	Royalties
Farm Income	Salaries
Fees	Stipends
Fellowships	Stock Options
Grants	Tips
Incentive Pay	Trusts
Jury Duty	Wages
Military (Reserve)	

Capital Gains	Retirement
Death Benefits	S Corp.
Dividends	Social Security
Gift	Unemployment
Interest	Welfare
Lottery Winnings	W.I.C.
Military (Active)	Workmen's Comp.
Pensions	

PENALTIES AND INTEREST: Any taxes that remain unpaid after they become due shall bear penalties and interest at the rate of 6% penalty per year until the total tax, penalties and interest have been paid.

If you would like receipts please enclose a self-addressed stamped envelope.

A \$20.00 service charge will be assessed on any returned checks.

- Line 1: Enter earnings from state wages. Please use the amount in the state wages box 16. If your earned income tax is withheld, use amount in box 18. You must attach copy of W-2 or other proof of income document.
- Line 2: Enter the amount of allowable unreimbursed employee business expenses here. Please attach copy of PA schedule UE or Federal Form 2106.
- Line 3: Enter net profits from business here. Attach copies of PA schedules C, E, F, K, etc. or other documents to support your net income or loss.
- Line 4: Subtract line 2 from line 1 then add line 3. If line 3 is a net loss then subtract line 3. If your total is zero or less; enter zero on line 4.
- Line 5: Calculate your total tax due. Multiply the amount on line 4 by .01 (1%) This is your earned income tax liability. If line 4 is zero or less; enter zero on line 5.
- Line 6: Enter the amount of withholdings from box 19 (local taxes) of your W-2(s). Do not include Occupation Privilege Tax. If your wage tax was withheld and mailed to any other municipality other than North Strabane Township, please provide the name, address and phone number of that municipality's tax collector.
- Line 7: Enter the total amount of quarterly payments and/or credits that apply to current tax due.
- Line 8: Add lines 6 and 7. Enter total on line 8.
- Line 9: Subtract line 8 from line 5. Enter difference here, if difference is .99 or less enter zero. Please remit payment by April 15; US Postal Service Postmark is acceptable. Please make checks payable to: Donald J. Progar, EITC
- Line 10: A 6% per year penalty is added if quarterly payments were not made during the year.
- Line 11: If Line 8 is greater than Line 5 enter difference on Line 11. There will be no refund for amounts of \$1.99 or less.
- Line 12, 13 & 14: Refunds or Credits will only be processed when all payments or employer withholding income verification (W-2, Sch C) and expense verification (UE or 2106 Forms) have been received.