

SCHEDULE P
(See enclosed instructions)

COMPLETE ONLY IF YOU MOVED INTO OR OUT OF THE LCTCB JURISDICTION(S).

SECTION A
EMPLOYMENT WORKSHEET

Taxpayer A		<u>EMPLOYER/SOURCE OF INCOME</u>		<u>DATES EMPLOYED</u>		<u>LCTCB Portion</u>		<u>Other Collector Portion</u>	
Enclose a W-2 for each employer listed below. Report W-2 income only in this section.		FROM	TO	WAGES	TAX	WAGES	TAX		
		MM/DD/YYYY	MM/DD/YYYY						
1									
2									
3									
			TOTAL						
				Enter on Line 1	Enter on Line 10				

Taxpayer B		<u>EMPLOYER/SOURCE OF INCOME</u>		<u>DATES EMPLOYED</u>		<u>LCTCB Portion</u>		<u>Other Collector Portion</u>	
Enclose a W-2 for each employer listed below. Report W-2 income only in this section.		FROM	TO	WAGES	TAX	WAGES	TAX		
		MM/DD/YYYY	MM/DD/YYYY						
1									
2									
3									
			TOTAL						
				Enter on Line 1	Enter on Line 10				

SECTION B
NET PROFIT(S) AND LOSS(ES) WORKSHEET

Report only the LCTCB portion of the income and/or loss on Line(s) 5 and Line(s) 6 of the tax return.

Enclose Net Profit(s)/Loss(es) – Supporting Schedules	Profit	Loss	LCTCB Portion Of Profit(s) (Line 5) And Loss(es) (Line 6)	Other Collector Portion Of Profit(s) And Loss(es)
	X	X		
	X	X		
	X	X		
	X	X		

SECTION C
OTHER TAXABLE EARNED INCOME WORKSHEET

Report only the LCTCB portion of the income on Line 3 of the tax return.

Other Taxable Income Enclose 1099 or written explanation of income for each entry. Do not include income from interest, dividends or PA Unemployment Compensation Benefits	LCTCB Portion Of The Income (Line 3)	Other Collector Portion Of The Income

S-Corp
REPORTING SCHEDULE

For audit purposes only. Do not include in calculating total taxable income.

S-Corp Enclose – Supporting Schedules	Profit	Loss
	X	X
	X	X
	X	X
	X	X

NON RECIPROCAL STATE/PHILADELPHIA CREDIT WORKSHEET

COMPLETE ONLY IF EARNED INCOME WAS RECEIVED FROM A NON-RECIPROCAL STATE OR THE CITY OF PHILADELPHIA

1. GROSS INCOME taxed by other state as shown on other state's return or for Philadelphia credit as shown on W-2 or as reported to the City of Philadelphia (Required: attach copy of out-of-state filing)	_____
2. Local Tax Rate as specified in the Table 1 of the instructions	X _____
3. Local Tax Liability (Multiply Line 1 x Line 2)	_____
4. Tax liability paid to other state or Philadelphia	_____
5. PHILADELPHIA CREDIT Lesser amount of Lines 3 or 4. STOP HERE and enter on Line 12	_____
6. OUT-OF-STATE CREDIT Line 1 x PA Income Tax Rate	_____
7. Line 4 Minus Line 6. If Line 6 is more than line 4, Enter Zero - No Credit Allowed Enter lesser amount from Line 3 or 7 on Line 12	_____

If more space is needed for Sections A, B, C or S-Corp, you may attach an additional sheet of paper.

Payment Voucher Below

Please print, fill out, detach and mail along with your return and check payment.



2009 EARNED INCOME TAX PAYMENT VOUCHER

Taxpayer A

21 SSN
(from Line D)

Taxpayer B

22 TAX DUE
(from Line 16)

23 PENALTY,
INTEREST
& FEES
(from Line 17 & 18)

24 TOTAL DUE
(from Line 19)

TAXPAYER A

TAXPAYER B

21

22

23

24

- Make checks payable to: LCTCB
- Do not use - dashes for zero amounts
- Credit Card Payments - See Instructions

- Use the "LCTCB - PAYMENT" label provided with this return OR
Mail to: LCTCB - PAYMENT
PO BOX 11444
LANCASTER, PA 17605-1444