

**LOCAL EARNED INCOME TAX RETURN
LANCASTER COUNTY TAX COLLECTION BUREAU**

1845 William Penn Way Suite 1 • Lancaster, PA 17601-6713
Phone (717) 569-4521 • www.lctcb.org

**THIS RETURN MUST BE FILED BY
APRIL 15.**

Please Note: If you received a Tax Return it must be filed with the bureau. Failure to file will result in audit and/or prosecution.

FOR OFFICIAL USE ONLY

A Taxpayer information Para conseguir este Formulario en Español favor de ir a nuestra pagina electronica www.lctcb.org

TAX YEAR

□ □ □ □

Taxpayer A _____

Taxpayer B _____

Address _____

City _____ State _____

Zip Code _____

Check all that apply:

Moved (Complete Section B and Schedule P)

Extension Request

Amended Return

If you had no Earned Income check reason:

- | | | | | |
|--------------------------|----------|--------------------------|----------|------------|
| <input type="checkbox"/> | A | <input type="checkbox"/> | B | Taxpayer |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Disabled |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Deceased |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Homemaker |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Unemployed |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Student |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Military |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Retired |

B COMPLETE THIS SECTION IF YOU MOVED DURING THE TAX YEAR. ACCOUNT FOR ALL 12 MONTHS.

Address	From MM/DD/YYYY	To MM/DD/YYYY	Municipal Code (Table 1)

C SELECT MUNICIPAL CODE FOR YOUR RESIDENCE ON 12/31/10 FROM TABLE 1 (See Instructions): _____

D SOCIAL SECURITY NUMBER (Enter complete SS#) ----->

- 1 W-2 EARNINGS** -----> *Enclose Supporting W-2's*
- 2 EMPLOYEE BUSINESS EXPENSE** -----> *Enclose Pennsylvania form PA - UE*
- 3 OTHER TAXABLE EARNED INCOME** -----> *DO NOT include interest, dividends or capital gains*
- 4 TOTAL TAXABLE EARNED INCOME** -----> *Line 1 minus Line 2 plus Line 3. If less than zero, enter zero*
- 5 NET PROFIT(S)** -----> *Enclose Schedules/Report S Corp. income on reverse side only*
- 6 NET LOSS(ES)** -----> *Enclose Schedules/Report S Corp. loss(es) on reverse side only*
- 7 TOTAL TAXABLE NET PROFIT(S)** -----> *Line 5 minus Line 6. If less than zero, enter zero*
- 8 TOTAL TAXABLE EARNED INCOME AND NET PROFIT** -----> *Line 4 plus Line 7*
- 9 TAX LIABILITY** Line 8 multiplied by decimal tax rate -----> *See instructions*
- 10 TOTAL LOCAL INCOME TAX WITHHELD** -----> *As indicated on enclosed W-2's*
- 11 ESTIMATED PAYMENTS and/or PRIOR YEAR CREDIT APPLIED TO THIS TAX YEAR** ----->
- 12 CREDIT FOR TAXES PAID TO PHILADELPHIA and/or OTHER STATES** -----> *Worksheet on Reverse Side*
- 13 TOTAL CREDITS** -----> *Add Lines 10, 11, and 12*
- 14 OVERPAYMENT/REFUND** -----> *Line 13 minus Line 9. If less than \$1.00, enter zero*
- 15 AMOUNT OF OVERPAYMENT TO CREDIT TO NEXT YEAR/TRANSFER to/from SPOUSE** -----> Next Year Spouse
- 16 TAX BALANCE DUE** -----> *Line 9 minus Line 13, minus any credit from spouse. If less than \$1.00, enter zero*
- 17 PENALTY & INTEREST** -----> *Add 1% per month after April 15*
- 18 LATE FILING FEES/OTHER** -----> *See instructions*
- 19 TOTAL AMOUNT DUE** -----> *Add Lines 16, 17 and 18*

TAXPAYER A				TAXPAYER B			
D				D			
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			

20 I/we declare under penalties provided by law that this return and all accompanying schedules and statements have been examined by me/us. To the best of my/our knowledge and belief they are true, correct and complete.

Signature A

Day Phone

Date

Occupation

PAID PREPARER'S NAME
(PLEASE PRINT) & TELEPHONE:

Signature B

Day Phone

Date

Occupation

Signature

Day Phone

EARNED INCOME TAX PAYMENT VOUCHER

TAX YEAR

21 SSN (from Line D)

22 TAX DUE (from Line 16)

23 PENALTY & INTEREST (from Line 17)

24 FEES/OTHER (from Line 18)

25 TOTAL DUE (from Line 19)

Taxpayer A

Taxpayer B

TAXPAYER A				TAXPAYER B			
21				21			
22				22			
23				23			
24				24			
25				25			

- Make checks payable to: LCTCB
- Credit Card Payments - See Instructions
- Tax return and supporting documents must be submitted with your payment.

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

40055 000000000000 000000 00 000000000000 0000000000 000000 000000000000 0

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 MM/DD/YYYY	TO MM/DD/YYYY	WAGES	TAX	WAGES	TAX
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 MM/DD/YYYY	TO MM/DD/YYYY	WAGES	TAX	WAGES	TAX
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 - Enclose copy of Out of State Return.....	_____
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.