



# 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



TAX YEAR

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e-file at <https://efile.lctcb.org>

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.

DATES LIVING AT EACH ADDRESS	RESIDENT STREET ADDRESS	CITY OR POST OFFICE	STATE	ZIP
/ / TO / /				
/ / TO / /				

If you moved during the tax year, use Part-Year Resident Schedule on reverse side to calculate income and taxes.

LAST NAME, FIRST NAME, MIDDLE INITIAL	SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL		
STREET ADDRESS (Include Apt/Suite#. No PO Box)		COUNTY	
ALTERNATE DELIVERY ADDRESS (Include PO Box, RD or RR)		SCHOOL DISTRICT	
CITY OR POST OFFICE		STATE	ZIP CODE
E-MAIL ADDRESS	RESIDENT PSD CODE	<input type="checkbox"/> EXTENSION REQUEST	<input type="checkbox"/> AMENDED RETURN

<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of which spouse appears first. Combining income is NOT permitted.</p> <p><b>USE ONLY BLACK OR BLUE INK TO COMPLETE THIS FORM</b></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately</p>	<p>Social Security #</p> <p>      - - - - -</p> <p>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>Spouse's Social Security #</p> <p>      - - - - -</p> <p>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	1	00
2 Unreimbursed Employee Business Expenses (enclose PA Schedule UE) .....	►	00	2	00
3 Other Taxable Earned Income (see Instructions; enclose supporting documents) .....	►	00	3	00
4 Total Taxable Earned Income (subtract Line 2 from Line 1 and add Line 3) .....	►	00	4	00
5 Net Profits (enclose PA Schedules) NON-TAXABLE S-CORP earnings check this box <input type="checkbox"/> (enclose S-Corp Schedule)	►	00	5	00
6 Net Loss (enclose PA Schedules) .....	►	00	6	00
7 Total Taxable Net Profit (subtract Line 6 from Line 5; if less than zero, enter zero) .....	►	00	7	00
8 Total Taxable Earned Income and Net Profit (add Line 4 and Line 7) .....	►	00	8	00
9 Total Tax Liability (Line 8 multiplied by ____ . ____ %) .....	►	00	9	00
10 Total Income Tax Withheld (may not equal W-2; see Instructions) .....	►	00	10	00
11 Quarterly and Extension Payments/Credit From Previous Year .....	►	00	11	00
12 Credits: Out-of-State, Philadelphia (enclose supporting documents) .....	►	00	12	00
13 TOTAL PAYMENTS and CREDITS (add Lines 10, 11, and 12) .....	►	00	13	00
14 Refund: enter if more than \$1; or select credit option in Line 15 .....	►	00	14	00
15 Credit to Taxpayer/Spouse if more than \$1, apply credit as follows <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse .....	►	00	15	00
16 EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) .....	►	00	16	00
17 Penalty after April 15 (see instructions) .....	►	00	17	00
18 Interest after April 15 (see instructions) .....	►	00	18	00
19 <b>TOTAL PAYMENT DUE</b> (add Lines 16, 17 and 18) Payable to "LCTCB" .....	►	00	19	00

Do not photocopy this form for filing purposes. Print copies @ [www.lctcb.org](http://www.lctcb.org)

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 AND SIGNATURE		PHONE NUMBER

## S-CORPORATION REPORT

Report passive or unearned S-Corporation income (losses) that were reported on your PA-40 Return.

### TAXPAYER

.00

### TAXPAYER SPOUSE

.00

## PART-YEAR RESIDENT SCHEDULE

Current Residence \_\_\_\_\_ (street address) \_\_\_\_\_ # months at this address  
 \_\_\_\_\_ (municipality, State, ZIP)

Employer (1) \_\_\_\_\_

Income \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Withholding \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Employer (2) \_\_\_\_\_

Income \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Withholding \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Current Residence Total Income \$ \_\_\_\_\_ Total Local Tax Withheld \$ \_\_\_\_\_

Put the Total Income on Line 1 and the Tax Withheld on Line 10 of the Local Earned Income Tax Return for your current residence taxing jurisdiction.

Previous Residence \_\_\_\_\_ (street address) \_\_\_\_\_ # months at this address  
 \_\_\_\_\_ (municipality, State, ZIP)

Employer (1) \_\_\_\_\_

Income \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Withholding \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Employer (2) \_\_\_\_\_

Income \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Withholding \$ \_\_\_\_\_ divided by 12 months X \_\_\_\_\_ (months at this address) = \$ \_\_\_\_\_

Previous Residence Total Income \$ \_\_\_\_\_ Total Local Tax Withheld \$ \_\_\_\_\_

Put the Total Income on Line 1 and the Tax Withheld on Line 10 of the Local Earned Income Tax Return for your previous residence taxing jurisdiction.

If you moved within LCTCB's jurisdiction please see special instructions for calculating a blended tax rate.

## LINE 10: DISTRESSED/COMMUTER LOCAL 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 W-2 Box 16 or 18	(2) Tax Withheld W-2 Box 19	(3) Resident EIT Rate Tax Form Line 9	(4) Workplace Location Non-Resident Rate (See Instructions)	(5) Column (4) minus Column (3) If less than 0 enter 0	(6) Disallowled Withholding Credit Col (1) times Col (5)	(7) Credit Allowed for Tax Withheld Col (2) minus Col (6)
Example	\$10,000.00	\$130.00	1.25%	1.30%	0.05%	\$5.00	\$125.00
1.							
2.							
3.							
TOTAL Enter this amount on Line 10							

## NON-RECIPROCAL STATE WORKSHEET

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 rate 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 worksheet, whichever is less. (If less than zero, enter zero) ..... (5) .....

## 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 from qualified pension plans, interest and/or dividends accrued from bank accounts and/or investments are not subject to local earned income tax. If you received an Annual Local Earned Income Tax Return, please check the "retired" box on the front of the form and return it to your tax collector. If you still receive wages from a part-time employer or income from a business, you will need to file a return and pay the local earned income tax.