



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

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	STREET ADDRESS (No PO Box, RD or RR)	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 (No PO box, RD or RR)			COUNTY	
SECOND LINE OF ADDRESS			SCHOOL DISTRICT	
CITY OR POST OFFICE	STATE	ZIP CODE	MUNICIPALITY	
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 style="text-align: center;">USE ONLY 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</p>	<p style="text-align: center;">Social Security #</p> <hr/> <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;">Spouse's Social Security #</p> <hr/> <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 (see Instructions; enclose supporting documents)	00		00	
4 Total Taxable Earned Income (subtract Line 2 from Line 1 and add Line 3).....	00		00	
5 Net Profits (enclose PA Schedules) NON-TAXABLE S-CORP earnings check this box <input type="checkbox"/> (enclose S-Corp Schedule)	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 Line 4 and Line 7)	00		00	
9 Total Tax Liability (Line 8 multiplied by ____ . ____ %)	00		00	
10 Total Income Tax Withheld (may not equal W-2; see Instructions)	00		00	
11 Quarterly and Extension Payments/Credit From Previous Year	00		00	
12 Credits: Out-of-State, Philadelphia (enclose supporting documents)	00		00	
13 TOTAL PAYMENTS and CREDITS (add Lines 10, 11, and 12)	00		00	
14 Refund: enter if more than \$1; or select credit option in Line 15	00		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		00	
16 EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)	00		00	
17 Penalty after April 15 (see instructions)	00		00	
18 Interest after April 15 (see instructions)	00		00	
19 TOTAL PAYMENT DUE (add Lines 16, 17 and 18) Payable to "LCTCB"	00		00	

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

