F1 217
12/09

LOCAL EARNED INCOME TAX RETURN

Please Make Check Payable and Mail To:
Ebensburg Borough, Tax Collector
300 W. High Street
PO Box 205
Ebensburg, PA 15931
www.ebensburgpa.com

RESIDENT

JURISDICTION: EBENSBURG BOROUGH

☐ CHECK HERE IF YOU MOVED during the tax year printed above. Provide address and dates living there:

DATES LIVING AT EACH ADDRESS	STREET, CITY, ZIP	MUNICIPALITY (Twp or Boro)	COUNTY
TO			
TO			

THIS RETURN MUST BE FILED BY APRIL 15, or next business day. You are required to file whether tax is due, refund/credit due, tax is withheld, OR YOU HAVE NO EARNED INCOME. Failure to file will result in audit and/or delinquent fines.

Name
Address
City
State
&
Zip

The calculations reported in the first column MUST pertain to the social security number and name printed in the column, regardless of whether the husband or wife appears first. **This is an INDIVIDUAL return. Combining income is NOT permitted.** If the number below begins with "8" this is a temporary account number we have assigned. Please provide your social security number and we will update our records.

Home Phone
(please provide)_____

Make any corrections to NAME, ADDRESS, SSN, or RESIDENT JURISDICTION and check here. ADD IF NOT SHOWN. ☐

	Your Social Security #	Spouse's Social Security #
	_____	_____
If you had NO EARNED INCOME, check the reason why:		
	☐ disabled ☐ student	☐ disabled ☐ student
	☐ deceased ☐ military	☐ deceased ☐ military
	☐ homemaker ☐ retired	☐ homemaker ☐ retired
	☐ unemployed	☐ unemployed

1.	Gross Earnings as Reported on W-2. Enclose W-2(s) with this form	1	1	
2.	Allowable Non-reimbursed Employee Business Expenses. Include detailed statement of expenses (Form 2106, UE1 or UE2)	2	2	
3.	Taxable W-2 Earnings (Line 1 minus line 2) Audit may be required if all W-2's and supporting schedules are not enclosed	3	3	
4.	Other Earned Income (Compensation for Services not reported elsewhere)	4	4	
5.	Total Taxable Earned Income (Add lines 3 & 4)	5	5	
6.	Net Profits From Attached Schedules (Do Not Enter Less Than Zero)	6	6	
7.	Net Losses From Attached Schedules	7	7	
8.	Taxable Net Profits (Line 6 Less Line 7) If Zero or Less Enter Zero	8	8	
9.	Taxable Earned Income / Net Profits (Add Lines 5 & 8)	9	9	
10.	Tax Liability: Line 9 Multiplied by Tax Rate of 1.0000%	10	10	
11.	Earned Income Tax Withheld as per W-2	11	11	
12.	Estimated Payments / Previous Years Carrryover	12	12	
13.	Total Payments / Credits (Total of 11 + 12)	13	13	
14.	REFUND/CREDIT (Line 13 minus line 10) IF $1.00 OR MORE, enter amount & check box below ☐ Credit to Spouse ☐ Refund	14	14	
15.	TAX DUE (Line 10 minus line 13) OMIT IF LESS THAN $1.00	15	15	
16.	Interest & Penalties	16	16	
17.	TOTAL AMOUNT DUE (line 15 + 16)	17	17	

➤ YOUR SIGNATURE I declare under penalty of law that the above information herein is correct. DATE

➤ SPOUSE'S SIGNATURE DATE

➤ PREPARER OTHER THAN SELF DATE

Tax Collector: _____

Date_____ Ck. # _____