F1
08/05

berkheimer tax administrator

LOCAL EARNED INCOME TAX RETURN

RESIDENT JURISDICTION:

IF YOU MOVED during the tax year printed above, please complete below.

DATES LIVING AT EACH ADDRESS	ADDRESS	TWP OR BORO	COUNTY
/ / TO / /			
/ / TO / /			

THIS RETURN MUST BE FILED BY APRIL 15 unless this is a Saturday or Sunday then next business day. You are required to file whether tax is due, refund/credit due, tax is withheld, OR YOU HAVE NO EARNED INCOME.

The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first.
This is an INDIVIDUAL return. Combining income is NOT permitted.

Name
Address
City
State
&
Zip

Home Phone (please provide) ___ – ___ – ____

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

DO NOT STAPLE DOCUMENTATION TO FORM.

	Enter Social Security #	ENTER SPOUSE'S NAME Enter spouse's Social Security #
	If you had NO EARNED INCOME, check the reason why: ☐ disabled ☐ student ☐ deceased ☐ military ☐ homemaker ☐ retired ☐ unemployed	If you had NO EARNED INCOME, check the reason why: ☐ disabled ☐ student ☐ deceased ☐ military ☐ homemaker ☐ retired ☐ 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 (See Instructions Line 2)	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. **Net Loss** (Use line 6 for any Net profits) (See Instructions Line 4)	4	4
5. **Subtotal** (Line 3 minus 4) IF LESS THAN ZERO, ENTER ZERO	5	5
6. **Net Profits** (Use line 4 for Net losses) (See Instructions Line 6) NON-TAXABLE S-Corp earnings check this box: ☐	6	6
7. **Total Earned Income** subject to this tax (Line 5 plus line 6)	7	7
8. **Tax Liability:** Line 7 multiplied by tax rate of	8	8
9. **Quarterly Estimated Payments.**	9	9
10. **Earned Income Tax Withheld** as per W-2 (See Instructions Line 10)	10	10
11. **Credit from Last Year** (If Credit Due)	11	11
12. **Miscellaneous Credits** (i.e. Philadelphia Tax or Out-of-State Tax Credit - see instructions)	12	12
13. **Total** of 9 + 10 + 11 + 12	13	13
14. **REFUND/CREDIT** (Line 13 minus line 8) IF $1.00 OR MORE, enter amount **& check box below:** ☐ **Credit to spouse** ☐ **Credit to next year** ☐ **Refund**	14	14
15. **TAX DUE** (Line 8 minus line 13) OMIT IF LESS THAN $1.00	15	15
16. **Interest & Penalties**	16	16
17. **TOTAL AMOUNT DUE** (Line 15 + 16) Enter on line 17 and 18	17	17

YOUR SIGNATURE — I declare under penalty of law that the information herein is correct. — DATE
SPOUSE'S SIGNATURE — DATE
PREPARED BY OTHER THAN TAXPAYER — DATE

RECORD EACH ACCOUNT TOTAL ON LINES 17 & 18

18 | 18

DO NOT DETACH
RETURN ENTIRE NOTICE TO TAX OFFICE

- Please write your social security number(s) on your check.
- Remit entire notice to appropriate address, using return envelope provided. If you pay in person, you MUST present this entire notice.
- Include all required documentation with this form. Photocopies of W-2's and schedules ARE accepted. DO NOT STAPLE DOCUMENTATION TO FORM.
- **There will be a $20.00 fee for returned checks for insufficient funds.**
- **There may be a $12.50 fee if no check enclosed for tax due at time of filing.**

To ensure proper credit to your account, please remit to the appropriate address.

To contact Berkheimer call

Website: www.hab-inc.com
Email: csberk@hab-inc.com

50 N. Seventh Street
Bangor, PA 18013

AMOUNT OF ENCLOSED CHECK

19

MAKE CHECK PAYABLE TO: HAB-EIT