LOCAL EARNED INCOME TAX RETURN LANCASTER COUNTY TAX COLLECTION BUREAU			THIS RETURN MUST BE FILED BY APRIL 15.											
1845 William Penn Way Suite 1 • Lancaster, PA 17601-6713 Phone (717) 569-4521 • www.lctcb.org				Please Note: If you received a Tax Return must be filed with the bureau. Failure to fi will result in audit and/or prosecution.					ure to file					
	1 • www.lctcb.org		will re	esuit in	audit a	and/o	or pros	secuti	on.	FO		CIAL US		Y
A Taxpayer information								[TA	X YE	AR	7		
Taxpayer A						_								
Taxpayer B						Check all that apply:				ly:				
Address						Moved (Complete Section B and Schedule				dule P)				
				_						on Requ				
City				_						ed Retuino Earn		come		
Zip Code				_					k reas					
-	Indicate: 🔲 Single					Mai	rried,	Filing	Separately			Disable	d	
B COMPLETE THIS SECTION IF	NG THE TAX										Homem	aker		
	Address From MM/DD/											Student	t	
												Retired		
C SELECT MUNICIPAL CODE FOR 12/31 FROM TABLE 1 (See Instruc		DN	٦	ΓΑΧ	ΡΑΥ	'EF	R A			ТА	ХР	AYER	в	
D SOCIAL SECURITY NUMBER (En	ter complete SS#)					-			D					
1 W-2 EARNINGS	Enclose Supporting W-2	's					Ċ	0	1				.0	0
2 EMPLOYEE BUSINESS EXPENSE Encl	lose Pennsylvania form PA - U	E			, ,		Ċ	0	2	_,			.0	0
3 OTHER TAXABLE EARNED INCO							0	0	3				0	0
4 TOTAL TAXABLE EARNED INCO Line 1 minus Line 2 plus Line	ME e 3. If less than zero, enter zer	>					0	0	4				0	0
5 <u>NET PROFIT(S)</u> Enclose Schedules/Report S Co	rp. income on reverse side on	iy ►	Ĺ		,		. 0	0	5	Í			.0	0
6 NET LOSS(ES) Enclose Schedules/Report S Cor							.0	0 0	6				0	0
7 TOTAL TAXABLE NET PROFIT(S Line 5 minus Line							0	0 0	7				0	0
8 TOTAL TAXABLE EARNED INCO	ME AND NET PROFI	$\frac{T}{7}$					0	0	8				0	0
9 TAX LIABILITY Line 8 multiplied by c	lecimal tax rate See instruction						. 0	0	9				0	0
10 TOTAL LOCAL INCOME TAX WI	THHELD As indicated on enclosed W-2	is ►					Ċ	0	10	j,			.0	0
11 ESTIMATED PAYMENTS and/or P APPLIED TO THIS TAX YEAR		•					Ċ	0	11	_,			.0	0
12 CREDIT FOR TAXES PAID TO PHILADELPHIA and/or (Worksheet on Reverse Sid OTHER STATES				ļ		.0	0	12	, [0	0
13 <u>TOTAL CREDITS</u>					,		. 0	0	13	,			0	0
14 OVERPAYMENT/REFUND Line 13 minus Line							. 0	0	14				0	0
15 <u>AMOUNT OF OVERPAYMENT TO</u> CREDIT TO NEXT YEAR/TRANSI	Next Year Spous	se >	Ĺ,				. 0	0	15	, I			.0	0
16 TAX BALANCE DUE Line 9 minus Line 13, minus any credit from spous	se. If less than \$2.00, enter zer		,		,		Ċ	0	16	_,			.0	0
17 PENALTY & FEES	Add 1% per month after April 1	5			,		. 0	0	17				.0	0
18 INTEREST	See instruction				<u>,</u>		. 0	0	18				.0	0
19 TOTAL AMOUNT DUE	Add Lines 16, 17 and 1	8					Ċ	0	19				0	0
20 I/we declare under penalties provided	by law that this return an	d all accompa		chedule	s and s	tatem	nents h	ave b	een examined	by me/us				
To the best of my/our knowledge and b Signature A Signature B	Occupation						AID PREPARER'S NAME ASE PRINT) & TELEPHONE:							
Signature B	Day Phone	Date				nature)		ay Ph	one				
EARNED INCOME TAX PAYMENT	T VOUCUED													
TAX YEAR														
	21 SSN (from Line D))												
	22 TAX DUE (from Line 1	· · · · ·												
Taxpayer A	23 PENALTY FEES (from Line 1													
Taxpayer B	24 INTERES	Г 8)												

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

25 TOTAL DUE (from Line 19)

Taxpayer B

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

SCHEDULE P												
(See enclosed instructions) COMPLETE ONLY IF YOU MOVED INTO OR OUT OF THE LCTCB JURISDICTION(S).												
SECTION A												
Taxpayer A EMPLOYMENT WORKSHEET												
EMPLOYER/SOURCE OF INCOME DA' Enclose a W-2 for each employer listed below. FROM					MPLOYED TO	LCTCI	<u>B Portion</u>	Other Collector P				
	Report W-2 income only in this section. MM/DD/Y				MM/DD/YYYY	WAGES	TAX	WAGES	TAX			
1												
3												
					TOTAL	Enter on Line 1	Enter on Line 10					
Тахр	ayer B			Enter on Line 1 Er			Enter on Line 10	inter on Line 10				
	EMPLOYER/SOURCE OF Enclose a W-2 for each employer		DA FROM				<u>B Portion</u>	Other Colle	ctor Portion			
	Report W-2 income only in the		MM/DD/Y		MM/DD/YYYY	WAGES	TAX	WAGES	TAX			
2												
3												
					TOTAL							
<u> </u>				<u>CEC</u>		Enter on Line 1	Enter on Line 10					
	<u>SECTION B</u> NET PROFIT(S) AND LOSS(ES) WORKSHEET											
Re	port only the LCTCB portion of	the income and/o	r loss on Line(s	s) 5 and	d Line(s) 6 of the ta							
Enclose Net Profit(s)/Loss(es) – Supporting Schedules Profit Loss					Portion Of Profit(s And Loss(es) (I	s) (Line 5)	Other Co	Other Collector Portion Of Profit(s) And Loss(es)				
	Subbound Sourcaries 110111 12032											
<u> </u>												
					TION C							
Re	port only the LCTCB portion of				NED INCOME W	ORKSHEET						
Enc	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				LCT	CB Portion Of The	Income (Line 3)	Othe	Other Collector Portion Of The Income				
<u> </u>				<u> </u>	-Corp							
				PORTE	- <u>CUIP</u> NG SCHEDULE							
Fo	r audit purposes only. Do not inc S-Corp		g total taxable ir	icome.								
Enclose – Supporting Schedules					Profit			Loss				
	NON RE	CIPROCAI	STATE/	рнп	LADELPHIA	A CREDIT	WORKSH	EET				
	COMPLETE ONLY IF EAR								PHIA			
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. Maximum Tax Rate allowed as Credit is 1.00%X												
4. Tax liability paid to other state or Philadelphia												
Tax hability part to other state of 1 madelpina												
L												
 6. OUT-OF-STATE CREDIT Line 1 x PA Income Tax Rate - Enclose copy of Out of State Return												
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.											

LCTCB 2012