



York - 717.845.1584  
 Adams - 717.334.4000  
 Information and Efile at [www.yatb.com](http://www.yatb.com)

# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

YATB-TO-32 ACT 205



EXTENSION  AMENDED RETURN

TAX YEAR

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (NO PO BOX, RD OR RR)	CITY OR POST OFFICE	STATE	ZIP
to	<b>COMPLETE ONLY IF YOU MOVED DURING THE YEAR</b>			
to				
to				

## CURRENT ADDRESS

The amounts reported must correspond to the individuals social security number printed in each column. Combining income is NOT permitted.

RESIDENT PSD CODE

DAYTIME PHONE NUMBER



TAXPAYER'S EMAIL ADDRESS

**ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM**

DO NOT USE BOX 1 FOR WAGES

\*SEE INSTRUCTIONS

TAXPAYER'S SOCIAL SECURITY #

If you had NO EARNED INCOME, check box for reason why:

Disabled  Deceased  Retired

Date above occurred:

SPOUSE'S SOCIAL SECURITY #

If you had NO EARNED INCOME, check box for reason why:

Disabled  Deceased  Retired

Date above occurred:

1. Gross Compensation as Reported on W-2(s). ( <b>Enclose</b> W-2's).....	00	00
2. Unreimbursed Employee Business Expenses. ( <b>Enclose</b> PA Schedule UE).....	00	00
3. Other Taxable Earned Income*.....	00	00
4. Total Taxable Earned Income(Subtract Line 2 from Line 1 and add Line 3).....	00	00
5. Net Profit ( <b>Enclose</b> PA Schedules*) <b>NON-TAXABLE S-Corp earnings enter on reverse</b> .....	00	00
6. Net Loss ( <b>Enclose</b> PA Schedules*) .....	00	00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)....	00	00
8. <b>Total Taxable Earned Income and Net Profit</b> (Add Lines 4 and 7) .....	00	00
9. Total Resident Local Income Tax (See rate chart in the instructions) .....	00	00
9a. Act 205 Distressed Municipal Pension Recovery Tax for the City of York (See TAX LIABILITY WORKSHEET on back of this form if applicable) .....	00	00
9b. <b>Total Tax Liability (Line 9 + 9a)</b> .....	00	00
10. Total Local Earned Income Tax Withheld as Reported on W-2(s) .....	00	00
11. Quarterly Estimated Payments/Credits From Previous Tax Year .....	00	00
12. Miscellaneous Tax Credits ( <b>Enclose</b> documentation)* .....	00	00
13. <b>TOTAL PAYMENTS AND CREDITS</b> (Add lines 10 through 12) .....	00	00
14. <b>REFUND</b> If \$2.00 or more, enter amount (Or select option in 15) .....	00	00
15. <b>Credit Taxpayer/Spouse</b> (Amount of line 14 you want to transfer) .....	00	00
<b>Credit to next year</b> <input type="checkbox"/> <b>Credit to spouse</b> <input type="checkbox"/>	00	00
16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus line 13).....	00	00
If \$2.00 or more, enter amount <b>MAKE CHECK PAYABLE TO YATB</b>		
17. <b>Penalty after April 15*</b> (Multiply line 16 by % rate per instructions).....		
18. <b>Interest after April 15*</b> (Multiply line 16 by % rate per instructions).....		
19. <b>TOTAL PAYMENT DUE</b> (Add lines 16, 17 and 18).....		

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/OCCUPATION

SPOUSE'S SIGNATURE/OCCUPATION

DATE (MM/DD/YYYY)

PREPARER'S PRINTED NAME AND SIGNATURE

EMAIL

PHONE NUMBER

# TOTAL TAX LIABILITY WORKSHEET

The chart below should be used to determine the Resident Rate and Non-Resident Rate.

**If you have a resident rate of 1% and you worked in the City of York, you will need to complete this schedule.**

If you disagree with this calculation, please find additional instructions on our website at [www.yatb.com](http://www.yatb.com)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Employer	Physical Work Location	Gross Earned Income (net Profits or W-2)	Resident Rate	Resident Tax Liability	Non-Resident Rate	Non-Resident Tax Liability
				See EIT Rate Chart in Instructions	Col. (3) x Col.(4)	<b>York City ONLY</b> (0.25%)	Col. (3) x Col.(6)
<i>Example:</i>	<i>ABC Co.</i>	<i>123 Main St, York, PA 17401</i>	<i>10,000</i>	<i>1.0%</i>	<i>100.00</i>	<i>0.25%</i>	<i>25.00</i>
1.							
2.							
3.							
4.							

TOTALS - enter on line 9  enter on line 9a

## SCHEDULE X CALCULATOR

Use to calculate prorated tax liability if you resided in areas with differing tax rates during the year. **Remit this form with tax return.**

Column A: Number of months you resided at 1st address during year Column B: Number of months you resided at 2nd address during year	# of months Column A -	# of months Column B -	# of months Column C -
1. W-2 Earnings Working Dates Employer _____ to _____ Employer _____ to _____ Employer _____ to _____			
2. Less Unreimbursed employee Business Expense			
3. Other Taxable Earned Income			
4. Total Taxable Earned Income			
5. Net Business Loss (Enter as negative)			
7. Total Taxable Net Profit			
8. Total Taxable Earned Income and Net Profit			
9. Total Tax Liability (see Tax Rate Chart) Column A: Line 8 Total x Tax Rate A Column B: Line 8 Total x Tax Rate B			
<b>Column C is the TOTAL of both Columns A &amp; B. Enter these figures on the corresponding lines on the front of the return. Complete a separate worksheet for each taxpayer who moved between districts having different tax rates during the year.</b>			

## NON-RECIPROCAL WORKSHEET FOR OUT OF STATE TAX CREDIT

- Enclose a copy of state return or credit will be disallowed

EARNED INCOME: Taxed in other state as shown on the state tax return..... (1) \_\_\_\_\_

Local tax liability from rate chart in instructions..... 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) **enter this amount or the amount of line 2 of worksheet, whichever is less.**  
.....(if less than zero, enter zero) enter on line 12 ➤ 5) \_\_\_\_\_

## S-CORPORATION INCOME

(Non-taxable S-Corp earnings enter below):

Taxpayer A \$ \_\_\_\_\_ Taxpayer B \$ \_\_\_\_\_

### MAIL RETURNS TO

**York County**

**Payment Due**  
YATB  
PO Box 15627  
York, PA 17405

**No Payment/No Refund Due**  
YATB  
PO Box 15628  
York, PA 17405

**Refund Due**  
YATB  
PO Box 15629  
York, PA 17405