

Make checks payable and mail to:

Pa. Municipal Service Co  
336 Delaware Ave D-A  
Oakmont PA 15139-2138

## Earned Income Tax Return



PENNSYLVANIA MUNICIPAL SERVICE

www.pamunicipalservice.com

Mon-Fri 9AM-5PM

Telephone #: 412-828-7955

Please Complete information below:

**Tax Year**

**School District**

**Municipality**

**Social Security #**

Call the number above for your Tax Rate %

**Name/Address**

**Name**

**Name**

Complete for Corrections/Changes: ☐ Self ☐ Spouse ☐ Both

Part year Resident Indicate Residency Dates

Month/Day/Year from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name/Address: \_\_\_\_\_

School District/Municipality \_\_\_\_\_

Effective date of **all changes** \_\_\_/\_\_\_/\_\_\_

**Your Social Security #**

**Spouse Social Security #**

**If No Income Reported Indicate Reason**

☐ Retired ☐ Unemployed  
☐ Disabled ☐ Deceased  
Other \_\_\_\_\_

☐ Retired ☐ Unemployed  
☐ Disabled ☐ Deceased  
Other \_\_\_\_\_

1. **Gross Earned Income.** (Enclose W-2(s), 1099(s))
2. **Less: Allowable Non-Reimbursed Employee Business Exp.**  
(Submit Pennsylvania Forms UE-1, UE-2 or Federal Form 2106)
3. **Taxable Earned Income.** (Line 1 minus Line 2)
4. **Net Loss from Business, Profession or Farm** (Submit Pa Schedule(s)  
RK-1 and NRK-1 and Federal Schedule(s) C, E, F, K-1, etc.)
5. **SubTotal** (Line 3 minus Line 4 ) IF LESS THAN ZERO, ENTER ZERO
6. **Net Profit from Business, Profession or Farm** (Submit Pa Schedule(s)  
RK-1 and NRK-1 and Federal Schedule(s) C, E, F, K-1, etc.)
7. **TOTAL EARNED INCOME and NET PROFITS** (Line 5 plus Line 6)
8. **TAX LIABILITY** (Line 7 multiplied by Tax Rate of \_\_\_ % )
9. **Employer Payments Withheld by Employer** (Per W-2)
10. **Individual Payments and/or Credits paid as of**  
(Direct Payments made by you and/or credits from previous year.)
11. **Miscellaneous Credits** (i.e. Out of State, Philadelphia – see  
instructions.)
12. **TOTAL PAYMENTS/CREDITS** (Line 9 plus Line 10 plus Line 11)
13. **OVERPAYMENT** (If line 12 greater than line 8) If \$1.00 or MORE enter  
amount and check box below (No Refund under \$ 1.00 credit only)  
☐ Credit to Spouse ☐ Credit to Next Year ☐ Refund
14. **TAX DUE** (If Line 8 greater than Line 12) DO NOT REMIT IF LESS THAN \$1.00
15. **Penalty & Interest**
16. **TOTAL AMOUNT DUE** (Line 14 plus Line 15)

1. \$ \_\_\_\_\_
2. (\$ \_\_\_\_\_)
3. \$ \_\_\_\_\_
4. (\$ \_\_\_\_\_)
5. \$ \_\_\_\_\_
6. \$ \_\_\_\_\_
7. \$ \_\_\_\_\_
8. \$ \_\_\_\_\_
9. (\$ \_\_\_\_\_)
10. (\$ \_\_\_\_\_)
11. (\$ \_\_\_\_\_)
12. (\$ \_\_\_\_\_)
13. \$ \_\_\_\_\_
14. \$ \_\_\_\_\_
15. \$ \_\_\_\_\_
16. \$ \_\_\_\_\_

1. \$ \_\_\_\_\_
2. (\$ \_\_\_\_\_)
3. \$ \_\_\_\_\_
4. (\$ \_\_\_\_\_)
5. \$ \_\_\_\_\_
6. \$ \_\_\_\_\_
7. \$ \_\_\_\_\_
8. \$ \_\_\_\_\_
9. (\$ \_\_\_\_\_)
10. (\$ \_\_\_\_\_)
11. (\$ \_\_\_\_\_)
12. (\$ \_\_\_\_\_)
13. \$ \_\_\_\_\_
14. \$ \_\_\_\_\_
15. \$ \_\_\_\_\_
16. \$ \_\_\_\_\_

I certify the information herein is true, correct and complete.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

**TOTAL PAID \$** \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

Check/Money Order \_\_\_\_\_

For Office Use Only

W P C 1 E K S F L T