

801 Loch Alsh Avenue
Fort Washington, PA 19034-1697
Phone: (215) 643-1600
Fax: (215) 542-0797

UPPER DUBLIN TOWNSHIP / UPPER DUBLIN SCHOOL DISTRICT

www.upperdublin.net

2011

Due April 16, 2012

Earned Income Tax Resident Final Return

Did your address change during the 2011 tax year? No Yes If yes, please update your information:

Present Address: _____ / ____ / ____ to ____ / ____ / ____

Former Address: _____ / ____ / ____ to ____ / ____ / ____

Name: _____

Account # _____

Address: _____

Payment enclosed

Check
Number

\$

A TAXPAYER AND SPOUSE MAY SUBMIT ONE FINAL RETURN ON THE
SAME FORM. TAX CALCULATIONS MUST BE REPORTED IN
SEPARATE COLUMNS. JOINT FILING IS NOT PERMITTED.

Taxpayer

Spouse

Name: _____ Name: _____

SSN: _____ - _____ - _____ SSN: _____ - _____ - _____

DO NOT ROUND

INCOME

- | | | |
|---|---------------|---------------|
| 1.) Gross earnings | 1.) _____ | 1.) _____ |
| 2.) Less allowable business expenses <i>as per PAUE</i> | 2.) (_____) | 2.) (_____) |
| 3.) SUBTOTAL (Line 1 - Line 2); <i>if less than 0, enter 0</i> | 3.) _____ | 3.) _____ |
| 4.) Taxable net profits from business (Loss = 0) | 4.) _____ | 4.) _____ |

5.) Non-taxable earnings	\$ _____	Taxpayer	\$ _____	Spouse
(example: S-Corporation income)				

6.) **TOTAL TAXABLE EARNINGS** (Line 3 + Line 4) 6.) _____ 6.) _____

7.) **TAX DUE** (Line 6 x .01) 7.) _____ 7.) _____

TAX CREDITS & PAYMENTS

- | | | |
|---|----------------|----------------|
| 8.) Phila &, Misc tax credit; <i>if more than line 7, enter amount listed on line 7</i> | 8.) (_____) | 8.) (_____) |
| 9.) Local earned income tax withheld | 9.) (_____) | 9.) (_____) |
| 10.) Prior year overpayment applied | 10.) (_____) | 10.) (_____) |
| 11.) Estimated tax payments | 11.) (_____) | 11.) (_____) |
| 12.) TOTAL CREDITS & PAYMENTS (Sum of Lines 8, 9, 10, & 11) | 12.) (_____) | 12.) (_____) |
| 13.) OVERPAYMENT ; <i>if line 12 is greater than line 7, enter difference</i> | 13.) _____ | 13.) _____ |

\$ _____ Credit to spouse (no credits less than \$1)
 \$ _____ Refund (no refunds less than \$1)
 \$ _____ Donation (full amount of overpayment (must be over \$1))

14.) **TOTAL TAX BALANCE**; *if line 7 is greater than line 12, enter difference* 14.) _____ 14.) _____
(no payment due if balance is less than \$1)

15.) Penalty/ Interest Due 15.) _____ 15.) _____

16.) **TOTAL PAYMENT DUE** (Line 14 + Line 15) 16.) _____ 16.) _____

REMINDER: Final returns must be filed by all wage earners who reside in Upper Dublin Township. All appropriate copies of W2s, 1099s, and state and/or federal schedules must be enclosed.

If no earned income, please check off reason:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Deceased | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Disabled | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Permanently Retired | | <input type="checkbox"/> Permanently Retired | |

Make check payable & mail to:
Upper Dublin Township, EIT Collector
801 Loch Alsh Ave., Fort Washington, PA 19034-1697

Signature: _____ (taxpayer) _____ (spouse)

Date: _____ / _____ / _____