

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

Enter tax year here

Earned Income Tax Resident Final Return

Did your address change during this tax year? Yes No 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: _____ - _____ - _____

Income

DO NOT ROUND

- | | | |
|---|---------------|---------------|
| 1.) Gross earnings | 1.) _____ | 1.) _____ |
| 2.) Less allowable business expenses <i>as per PAUE</i> | 2.) (_____) | 2.) (_____) |
| 3.) Less allowable net loss from business | 3.) (_____) | 3.) (_____) |
| 4.) SUBTOTAL (Line 1 Line 2 - Line 3); <i>if less than 0, enter 0</i> | 4.) _____ | 4.) _____ |
| 5.) Taxable net profits from business | 5.) _____ | 5.) _____ |

5a.) Non-taxable earnings \$ _____ Taxpayer \$ _____ Spouse

6.) TOTAL TAXABLE EARNINGS (Line 4 + Line 5) 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 online 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
 \$ _____ Credit to next year less than \$1)
 \$ _____ Refund (no refunds less than \$10)
 \$ _____ Donation (full amount of overpayment)

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

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

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

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 | |

REMINDER: All appropriate copies of W2s, 1099s, and state and/or federal schedules must be enclosed.

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

Signature: _____ (taxpayer) _____ (spouse)

Date: _____ / _____ / _____