

YORK ADAMS TAX BUREAU

1415 N. Duke St., PO Box 15627
 York, PA 17405-0156
 Phone (717) 845-1584; Fax (717) 854-6376

2007 INSTRUCTIONS

FOR FILING FORM 214

Hours: Mon.- Fri. 8:00 AM – 4:00 PM
<http://www.yatb.com> email: info@yatb.com

YORK ADAMS TAX BUREAU

900 Biglerville Rd., PO Box 4374
 Gettysburg, PA 17325
 Phone (717) 334-4000; Fax (717) 337-2565

NEW FOR 2007

Beginning with the 2007 tax year, taxpayers whose tax return shows a payment due will be required to complete and return the Form 214 Payment Voucher (Form 214-V, enclosed). This form is to be completed and mailed, along with your tax return and payment, in the envelope provided. **NOTE:** Be sure to mark your envelope "Payment Enclosed." Your proper use of this voucher will greatly assist the Bureau to process your payment in a timely fashion. Please follow the instructions on the bottom of the Payment Voucher form. Complete this form even if you are paying by credit card.

The York Adams Tax Bureau collects the earned income/compensation tax and the net profits tax for the following school districts and municipalities. If you were a resident of any of the listed taxing authorities for all or any portion of the tax year, you are required to file a tax return with the Bureau, whether or not you had any income.

TAX TABLE: TOTAL TAX RATE IS AS INDICATED BELOW

NOTE: The * symbol indications portions of these municipalities are in different school districts.

ADAMS COUNTY

Bermudian Springs School District	1%
0C5 East Berlin Borough	
0C6 Hamilton Township *	
0C2 Huntington Township	
0C4 Latimore Township	
0C1 Reading Township	
0C3 York Springs Borough	

Conewago Valley School District 1.5%

100 Abbottstown Borough	Effective 7/1/2005
103 Berwick Township	
105 Bonneauville Borough *	
109 Conewago Township	
116 Hamilton Township *	
121 McSherrystown Borough	
125 Mt. Pleasant Township *	
127 New Oxford Borough	
128 Oxford Township	
129 Straban Township *	
131 Tyrone Township *	

Fairfield Area School District 1.5%

108 Carroll Valley Borough	Effective 7/1/2004
111 Fairfield Borough	
117 Hamiltonban Township	
119 Liberty Township	

Gettysburg Area School District 1.7%

110 Cumberland Township	Effective 7/1/2003
112 Franklin Township	
113 Freedom Township	
115 Gettysburg Borough	
118 Highland Township	
124 Mt. Joy Township *	
130 Straban Township *	

Littlestown Area School District 1%

106 Bonneauville Borough *	
114 Germany Township	
120 Littlestown Borough	
123 Mt. Joy Township *	
126 Mt. Pleasant Township *	
133 Union Township	

Upper Adams School District 1.6%

101 Arendtsville Borough	Effective 7/1/2004
102 Bendersville Borough	
104 Biglerville Borough	
107 Butler Township	
122 Menallen Township	
132 Tyrone Township *	

YORK COUNTY

Central York School District	1%
036 Manchester Township	
080 North York Borough	
019 Springettsbury Township *	

Dallastown Area School District 1%

056 Dallastown Borough	
072 Jacobus Borough	
075 Loganville Borough	
047 Springfield Township	
092 Yoe Borough	
054 York Township	

Dover Area School District 1.4%

059 Dover Borough	Effective 7/1/2002
024 Dover Township	
050 Washington Township	

Eastern York School District 1%

060 East Prospect Borough	
066 Hallam Borough	
031 Hellam Township	
035 Lower Windsor Township	
091 Wrightsville Borough	
093 Yorkana Borough	

Northeastern School District 1%

023 Conewago Township	
026 East Manchester Township	
076 Manchester Borough	
077 Mount Wolf Borough	
094 York Haven Borough	

NOTE: We do not collect any portion of the tax for residents of Newberry Township.

Red Lion Area School District 1%

021 Chanceford Township	
062 Felton Borough	
034 Lower Chanceford Township	
041 North Hopewell Township	
082 Red Lion Borough	
089 Windsor Borough	
053 Windsor Township	
090 Winterstown Borough	

School District of the City of York 1%

001 City of York	
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YORK COUNTY (cont.)

South Eastern School District	1%
055 Cross Roads Borough	
057 Delta Borough	
025 East Hopewell Township	
061 Fawn Grove Borough	
028 Fawn Township	
032 Hopewell Township	
043 Peach Bottom Township	
086 Stewartstown Borough	

Southern York Co. School District 1.3%

022 Codorus Township	Effective 7/1/2002
064 Glen Rock Borough	
078 New Freedom Borough	
081 Railroad Borough	
084 Shrewsbury Borough	
045 Shrewsbury Township	

Spring Grove Area School District 1%

030 Heidelberg Township	
033 Jackson Township	
073 Jefferson Borough	
079 New Salem Borough	
040 North Codorus Township	
042 Paradise Township	
083 Seven Valleys Borough	
085 Spring Grove Borough	

West York Area School District 1%

051 West Manchester Township	
088 West York Borough	

West Shore School District 1.45%

074 Lewisberry Borough	Effective 7/1/2002
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NOTE: We collect West Shore School Dist. tax for residents of Lewisberry Borough only.

York Suburban School District 1%

048 Spring Garden Township	
046 Springettsbury Township *	

GENERAL INSTRUCTIONS FOR FILING 2007 EARNED INCOME/NET PROFITS TAX RETURN FORM

Review these general instructions and follow the line-by-line instructions on the tax return. If you have any questions concerning the filing of your return, please contact the Bureau.

- These instructions are not intended to be all inclusive. Reference the complete Rules and Regulations on our website: www.yatb.com.

- 1. WHO MUST FILE:** Each resident who is 16 years of age or older. Gross earnings are taxable for the entire calendar year in which an individual turns 16 years of age. If you are retired or permanently disabled or on active duty military, indicate this on the tax form in the box labeled OCCUPATION, (include date of retirement, disability, etc.) and your name will be removed from our taxpayer file if you have no taxable income. **REMEMBER: IF YOU RECEIVED A TAX RETURN – IT MUST BE FILED WITH THIS BUREAU.**
- 2. A RETURN MUST BE FILED EVEN IF:** (a) You were a college student during 2007; (b) Your legal domicile is within the Bureau's taxing jurisdiction, regardless of where you reside or were employed; (c) All the tax was withheld by your employer; (d) You received a tax return form and had no taxable income. If you had no taxable income, indicate **NONE** on line 7 of the tax return.
- 3. PARTIAL YEAR RESIDENT:** If you were a resident or if your legal domicile was within our taxing jurisdiction for only a portion of 2007 you are required to file a tax return with this Bureau, listing the applicable portion of your earnings and net profits for the period you were a resident in our jurisdiction, **AND** also file a return with the tax collector for the municipality and school district in which you lived the balance of the year, the applicable portion of your earnings and net profits applicable for that portion of the year. Please use full months.
- 4. ADDRESS CHANGES:** If your address has changed, complete SECTION 1 of FORM 214 to inform us of the number of months at each address during the tax year, as this information is used to properly distribute your tax to each applicable taxing authority. Use full months only.
- 5. ACCURACY, COMPLETENESS AND SIGNATURE:** Accuracy and completeness are essential to avoid further communication and correspondence. Complete your return in its entirety. **YOU MUST SIGN YOUR RETURN OR IT WILL BE RETURNED AS INCOMPLETE.**
- 6. PROOF OF EARNINGS:** All W-2's, 1099's and income and expense schedules must accompany each tax return. List each employer, the amount of earned income tax withheld and earned income in SECTION 3, on the back of the tax return.
- 7. SUPPORTING SCHEDULES:** Use PA Schedules UE, C, F, G, I, J, RK-1, NRK-1 to complete Form 214 calculations. Federal schedules are no longer acceptable unless necessary to document the PA Schedule figures.
- 8. FAILURE TO RECEIVE A TAX RETURN** from the Bureau is not a basis for not filing. Additional tax return forms may be downloaded from our website www.yatb.com or by contacting the Bureau. **FAILURE TO PROPERLY FILE A RETURN MAY RESULT IN LEGAL ACTION.**
- 9. MULTIPLE OR DUPLICATE TAX RETURNS:** If you receive more than one tax return, use the return with the correct Social Security Number. Return all tax returns in the same envelope, with the duplicate form marked "Duplicate of SSN ___-___-____". **DO NOT DESTROY A TAX FORM** as we will not know an error has been made.
- 10. DUE DATE:** Tax returns must be filed and any tax due paid by April 15, 2008. If your Federal or PA State tax return has been audited and adjustments made which affect the earned income tax, an amended tax return must be filed with this Bureau within 30 days.
- 11. REFUNDS:** Overpayments of \$1.00 or more will be refunded by the Bureau. Refunds totaling \$10.00 or more must be reported by us to the Internal Revenue Service. Refund checks of less than \$10.00 will not be reissued if not cashed within six months.
- 12. REMITTANCE:** Make check or money order payable to "YATB." Use the enclosed return envelope to forward your remittance, payment voucher, tax return, W-2's, 1099 and/or Schedules. Your cancelled check or money order is your receipt. Do not send cash. If your tax balance due is less than \$1.00, payment need not be remitted, but the tax return must be filed.
- 13. CREDIT CARD OPTION:** You may elect to pay by VISA, MasterCard, American Express or Discover Card through Official Payments Corp. by going to our website, www.yatb.com, or by phone **1-800-272-9829**. If you choose the phone option, you will be asked for a Jurisdiction Code which is **4835**. For tax type select "Earned Income Tax Form 214." There is a convenience fee charged by Official Payments Corp. for this service.
- 14. PENALTY:** Payable at a rate of ½% (.005) per month or any portion of a month that the earned income tax remains unpaid after the April 15 due date. (Example: \$ tax due x .005 x # of months = penalty)
- 15. INTEREST:** Payable at a rate of 6% (.06) per annum of the unpaid tax after the due date. (Example: .000167 x # of days after 4/15/08)
- 16. OUT OF STATE RESIDENTS:** Must file and pay tax if you were employed within a municipality which is located in this Bureau's tax collection area. See list of municipalities on front of instructions.
- 17. OUT OF STATE EARNINGS:** If you had earnings in any other state and paid state tax on earnings there, you may take as a credit against the earned income tax due here the balance (of the applicable tax due here on only those wages earned in another state) which remains unused after first applying the taxes paid to the other state against your PA state income tax. COPIES OF YOUR OUT OF STATE TAX RETURN, YOUR PA STATE TAX RETURN AND A PA SCH. G ARE REQUIRED. Enter credit amount on line 10 of your local tax return.
- 18. RECIPROCAL AGREEMENTS:** Virginia, Maryland, Ohio, West Virginia, New Jersey and Indiana have entered into reciprocal state income tax agreements with Pennsylvania. This means that a resident of these states pays the state income tax only to the state wherein he/she resides. Therefore you may not use income tax paid to any of these states as credit against the earned income tax.
- 19. SHARED INFORMATION:** This Bureau acquires and utilizes PA Dept. of Revenue individual income tax information to compare with your earned income and net profits reported to this Bureau.

- **YOU MAY DOWNLOAD ALL QUARTERLY AND ANNUAL FORMS AND REFERENCE THE COMPLETE RULES AND REGULATIONS ON OUR WEBSITE: WWW.YATB.COM.**
- **EXTENSIONS:** AN APPLICATION FORM FOR AN EXTENSION TO FILE YOUR EARNED INCOME TAX FORM 214 MAY BE OBTAINED BY TELEPHONE, FAX OR FROM OUR WEBSITE. **NOTE:** ALL TAX DUE MUST BE PAID BY THE APRIL 15 DEADLINE. **THERE IS NO EXTENSION FOR PAYMENT OF TAX DUE.**
- **QUARTERLY DECLARATION FORM ES-77:** IN ADDITION TO THE FORM 214 ANNUAL TAX RETURN, DECLARATION OF ESTIMATED INCOME TAX FORMS ARE REQUIRED TO BE FILED BY ALL TAXPAYERS WHO ANTICIPATE RECEIVING EARNED INCOME OR NET PROFITS IN EXCESS OF \$10,000 INDIVIDUALLY IN A CALENDAR OR FISCAL YEAR AND THE EARNED INCOME IS NOT WITHHELD BY YOUR EMPLOYER.
- **FILING REQUIRED:** THE LOCAL TAXING AUTHORITIES' ORDINANCES AND RESOLUTIONS **REQUIRE** ELIGIBLE TAXPAYERS TO FILE A RETURN OF EARNED INCOME/COMPENSATION AND NET PROFITS AND PAY ANY/ALL TAX DUE. COPIES OF THE ORDINANCES OF THIS BUREAU'S MEMBER MUNICIPALITIES AND SCHOOL DISTRICTS, AUTHORIZING THIS BUREAU TO COLLECT ANY/ALL TAX DUE ON THEIR BEHALF, ARE ON FILE AT THIS BUREAU.

TAXABLE INCOME ITEMS

Salaries	Moving Expense Reimbursement (If not required by your employer/or any excess of allowable expense)
Wages	Scholarships/Fellowships (May be taxable or non-taxable)
Bonuses	Prizes/Awards (May be taxable or non-taxable)
Commissions	Stipend (May be taxable or non-taxable)
Back Pay	Stock Bonus Plans
Severance Pay	Taxes assumed by the Employer on behalf of the Employee
Tips & Allocated Tips	Cafeteria Plans (Taxable portion: Any Benefits other than Health Care)
Gratuities	Deferred Compensation Plans
Fees (Includes, but not limited to, Directors Fees Executor's/Administrator's/Probate Fees)	Lump Sum Distributions (Pre-retirement – Only that portion not already taxed – if not rolled into another retirement plan)
Overtime Pay	Deceased Taxpayers Wages or Earnings
Incentive Payments	Dependent Care Assistance
Early Retirement Incentive Payments	Non-cash payment for services rendered
Reserve and National Guard <u>Inactive Duty Pay</u>	Non-compete agreements
Stand-By Pay	Non-qualified Deferred Compensation Plans (When distribution is received)
Golden Parachute Payments	Any earned income/net profit received the year in which taxpayer became deceased.
Clergy Pay	
Sick Pay/Disability Pay (Only if continuation of Regular Wages)	
Retroactive Wage Increases	
Salary Advances	
Mortgage Assistance (in lieu of other compensation)	

NON-TAXABLE ITEMS

Active Duty Military Pay	Rental Income (On Schedule E)
Cafeteria Plans (Health Care Portion Only)	Retirement Benefits (after retirement)
Clergy Housing	Sick Pay (Third Party)
Personal Use of Company Vehicle	Short Term/Long Term Disability (Third Party)
Gambling/Lottery Winnings	Social Security Benefits
Group Term Life Insurance	Strike Benefits
Jury Duty Pay	Worker's Compensation Benefits
Investment Income (Including PA S-Corporations)	Unemployment Compensation

ALLOWABLE EXPENSES: Unreimbursed Business Expenses, as determined by the PA Dept. of Revenue regulations and rulings, shall be allowed as deductions against Earned Income. The PA Schedule UE form(s) showing allowed expenses must accompany the Local Income Tax Return. **NOTE: Complete proper supporting documentation is required or the expenses will be denied without further notification.**

UNALLOWED DEDUCTIONS: Include, but are not limited to, Alimony; Babysitting/child care; Books/Magazines; Casualty & theft losses; Charitable Contributions; Clothing suitable for everyday use; Commuting & travel to and from work, between jobs, classes or military reserves; Dues or fees to clubs; Employment fees; Interest; Laundry and Dry Cleaning; Life insurance; Vehicle license fees; Federal form 1040 itemized deductions or tax credits; Tools for home use; Deferred compensation plan contributions by employee; Simplified employee pension plan (SEP); Educational expenses to qualify for employment, a new occupation, trade or business; Federal, state or local income taxes; Gift, estate, inheritance or personal taxes; Medical or dental expenses; Office at home for the convenience of the employee; Personal and family expenses. S-corp. loss or out-of-state credit due to S-corp. taxation cannot be a deduction or offset. One person's loss may not be deducted from the spouse's earnings or profit.

IMPORTANT: LOCAL TAX OFFICERS RETAIN THE RIGHT TO VERIFY/AUDIT ALL AMOUNTS REPORTED ON TAX RETURNS.

<p>TAXPAYER NOTICE: YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS WITH REGARD TO THE ASSESSMENT, AUDIT, DETERMINATION, REVIEW, APPEAL, ENFORCEMENT, REFUND AND COLLECTION OF LOCAL TAXES BY CONTACTING THE YORK ADAMS TAX BUREAU AT EITHER LOCATION.</p>
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Complete and Return by April 15, 2008

SECTION 1 COMPLETE THIS SECTION ONLY IF YOU MOVED DURING 2007 AND ACCOUNT FOR ALL 12 MONTHS

A	B	TIME PERIOD	# OF MONTHS	BUREAU CODE	RESIDENT ADDRESS - INCLUDE CITY, STATE AND ZIP CODE
		/ /07 TO / /07			
		/ /07 TO / /07			
		/ /07 TO / /07			
		/ /07 TO / /07			

CITY/BOROUGH/TOWNSHIP
 WHERE YOU PRESENTLY RESIDE

BUREAU
 CODE

SCHOOL DISTRICT

Name and Present Address

—FOLD

**PLEASE READ THE INSTRUCTIONS
 BEFORE COMPLETING THIS RETURN**

SECTION 2

- W-2 Earnings. (ENCLOSE ALL LOCAL W-2 FORMS FOR EACH EMPLOYER)
- Less employee business expenses. (Enclose PA Schedule UE)
- Other taxable earned income. (Do not include interest, dividends or capital gains.)
Complete Section 4 on back.
- Net loss from Business, Farm, or Profession (ENCLOSE ALL PA SCHEDULES C, F, G, I, J, RK-1, NRK-1)
*Report S Corp. loss on reverse side only.
- Total taxable earned income. (Not less than zero.)
- Net profit from Business, Farm, or Profession
*Report S Corp. income on reverse side only. (ENCLOSE ALL PA SCHEDULES C, F, G, I, J, RK-1, NRK-1)
- Total taxable earned income and net profit. (Add lines 5 & 6)
DO NOT ROUND FIGURES BELOW LINE 7.
- Total tax liability **USE APPLICABLE TAX RATE FROM TAX TABLE ON INSTRUCTIONS OR TOTAL OF LINE 8 FROM SCHEDULE X.**
- Total local income tax withheld as per enclosed W-2's
DO NOT INCLUDE PHILADELPHIA TAX
- 2007 quarterly tax payments, plus out of state tax credit, plus 2006 tax overpayment transferred into 2007 tax year, plus Philadelphia tax paid.
- Add lines 9 and 10
- Refund due. (Line 11 minus line 8)
IF LESS THAN \$1.00 ENTER ZERO
- Amount of refund to be transferred into 2008
- Amount of refund to be transferred to spouse's 2007 tax due
- Tax balance due. (Line 8 minus line 11)
IF LESS THAN \$1.00 ENTER ZERO
- Penalty after April 15, see instructions
- Interest after April 15, see instructions
- Total balance due. Add lines 15, 16 and 17. **INCLUDE PAYMENT VOUCHER**

—FOLD

YOU MUST COMPLETE SSN (A) _____
 SSN (B) _____

	TAXPAYER (A)	TAXPAYER (B)
1		
2	—	—
3		
4	—	—
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

I DECLARE UNDER PENALTIES PROVIDED BY LAW, THAT THIS RETURN IS TRUE, COMPLETE AND CORRECT. **INCLUDE CHECK PAYABLE TO Y.A.T.B.**

TOTAL DUE A+B \$ _____

(A) SIGNATURE-TAXPAYER REQUIRED	DATE	OCCUPATION	EMAIL ADDRESS	DAYTIME TELEPHONE NO.
(B) SIGNATURE-TAXPAYER REQUIRED	DATE	OCCUPATION	EMAIL ADDRESS	DAYTIME TELEPHONE NO.
PAID PREPARER'S NAME, PLEASE PRINT		PAID PREPARER'S TELEPHONE NUMBER		A HUSBAND AND WIFE MAY BOTH FILE ON THIS FORM, HOWEVER, TAX CALCULATIONS MUST BE REPORTED IN SEPARATE COLUMNS, JOINT FILING (i.e. COMBINING INCOME, ETC.) IS NOT PERMITTED.

DATE EMPLOYED

TAXPAYER A

TAXPAYER B

	DATE EMPLOYED		TAXPAYER A		TAXPAYER B	
			TAX WITHHELD	GROSS EARNED INCOME	TAX WITHHELD	GROSS EARNED INCOME
a.	/ /	/ /				
b.	/ /	/ /				
c.	/ /	/ /				
d.	/ /	/ /				
e.	/ /	/ /				
f.	/ /	/ /				
g.	/ /	/ /				
h.	/ /	/ /				
TOTAL. CARRY TO SECTION 2 LINES 1 & 9						

ENCLOSE A W-2 FORM FOR EACH EMPLOYER

CARRY TO LINE 9 ON FRONT SIDE

CARRY TO LINE 1 ON FRONT SIDE

CARRY TO LINE 9 ON FRONT SIDE

CARRY TO LINE 1 ON FRONT SIDE

SECTION 4 OTHER TAXABLE INCOME:

DO NOT REPORT CAPITAL GAINS OR DIVIDENDS, OR INTEREST ON SAVINGS OR INVESTMENTS.

RECEIVED FROM (PAYOR NAME)	DESCRIPTION OF WORK OR SERVICE PERFORMED. EX. TIPS, FEE, 1099 MISC INCOME. ENCLOSE A COPY.	AMOUNT TAXPAYER A	AMOUNT TAXPAYER B
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TRANSFER SECTION 4 TOTALS TO LINE 3 ON FRONT OF TAX RETURN.		TOTALS	\$

SECTION 5 FOR AUDIT PURPOSES ONLY. DO NOT LIST ON FRONT OF TAX FORM.

TAXPAYER A

TAXPAYER B

PLEASE PROVIDE TOTAL S-CORPORATION INCOME	\$	\$
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IF YOUR TAX RATE CHANGED AND/OR YOU MOVED DURING 2007 COMPLETE SCHEDULE X TO DETERMINE THE CORRECT AMOUNT OF TAX DUE THIS BUREAU. REFERENCE THE TAX RATE SCHEDULE INCLUDED WITH THE INSTRUCTIONS. IF ANY QUESTIONS - CONTACT EITHER OFFICE.

TAXPAYER A

SCHEDULE X

	COLUMN A	COLUMN B	COLUMN C TOTALS
Column A: Number of months you resided at 1st address during 2007.			
Column B: Number of months you resided at 2nd address during 2007.			
1. W-2 earnings			
2. Less employee business expense			
3. Other taxable earned income			
4. Net loss from business, farm or profession			
5. Total taxable earned income			
6. Net profit from business, farm or profession			
7. Total taxable earned income and net profit (add lines 5 & 6)			
8. Tax Liability: Column A – Use applicable tax rate Column B – Use applicable tax rate			

Column C is the TOTAL of both columns A & B. Enter these figures in the corresponding lines on the front of the return. Complete lines 9 through 18 on the front of the return.

TAXPAYER B

SCHEDULE X

	COLUMN A	COLUMN B	COLUMN C TOTALS
Column A: Number of months you resided at 1st address during 2007.			
Column B: Number of months you resided at 2nd address during 2007.			
1. W-2 earnings			
2. Less employee business expense			
3. Other taxable earned income			
4. Net loss from business, farm or profession			
5. Total taxable earned income			
6. Net profit from business, farm or profession			
7. Total taxable earned income and net profit (add lines 5 & 6)			
8. Tax Liability: Column A – Use applicable tax rate Column B – Use applicable tax rate			

Column C is the TOTAL of both columns A & B. Enter these figures in the corresponding lines on the front of the return. Complete lines 9 through 18 on the front of the return.

YORK ADAMS TAX BUREAU

1415 N. Duke St.
PO Box 15627
York, PA 17405-0156
Phone (717) 845-1584

**FORM 214 PAYMENT VOUCHER
FOR TAX YEAR 2007**

Mail this portion to YATB

YORK ADAMS TAX BUREAU

900 Biglerville Rd.
PO Box 4374
Gettysburg, PA 17325
Phone (717) 334-4000

TAXPAYER A

SOCIAL SECURITY NUMBER

 - -

AMOUNT PAID

\$ _____

TAXPAYER B

SOCIAL SECURITY NUMBER

 - -

AMOUNT PAID

\$ _____

Make check or money order payable to YATB
FORM 214-V (9-07)

Check here if paid by credit card _____

TOTAL PAYMENT \$ _____

TAXPAYER'S COPY

**YORK ADAMS TAX
BUREAU**

**FORM 214 PAYMENT VOUCHER
FOR TAX YEAR 2007**

Keep this portion for your records

TAXPAYER A

CHECK/MONEY ORDER NUMBER:

AMOUNT PAID

\$ _____

TAXPAYER B

CHECK/MONEY ORDER NUMBER:

AMOUNT PAID

\$ _____

CREDIT CARD CONFIRMATION # _____

TOTAL PAYMENT \$ _____

INSTRUCTIONS FOR COMPLETING PAYMENT VOUCHER:

- USE this Form 214-V if your YATB tax return shows that you owe income tax for tax year 2007. **DO NOT** use this form if your return shows that you do not owe any earned income tax.
- **VERIFY** your name(s) and fill in your Social Security Number(s) in the space(s) provided. **SSN must be provided for this form to be processed correctly.**
- **WRITE** the amount of your payment(s) in the space(s) provided.
- Carefully detach the top portion of your Form 214-V from this page.
- Make check or money order payable to "YATB."
- Place your payment and completed Form 214-V in the same envelope with your YATB Form 214 Earned Income Tax return. Mark the front of your return envelope **"PAYMENT ENCLOSED."**
- **DO NOT** use this Form 214-V to pay any other local or state tax liability. Your payment will be misapplied and you may be subject to penalty and interest.
- Retain this portion for your records.
- Your proper use of this form will greatly assist the YATB to process your payment in a timely fashion.