

## YORK ADAMS TAX BUREAU

### INSTRUCTIONS FOR COMPLETING FORM 214 (FILL IN AND AUTO CALCULATE)

#### **SECTION 1:**

If you moved during the tax year, enter the number of months you lived at each location, and enter each address where you lived. Please account for all twelve months. If you do not know the Bureau code, leave blank.

Next, fill in your name, current address, city, state and zip code. (Spouses may file on the same form but must report income in separate columns.) Select your municipality from the drop-down list above the address block. NOTE: The form will not calculate your tax liability correctly if do not select the correct municipality. If you are uncertain where you reside, call (717) 845-1584 (York County) or (717) 334-4000 (Adams County) and we will tell you which code to use.

**When to use Schedule X:** If you changed residences during the year and moved to a district with a different tax rate, you must use Schedule X on page 3 to calculate your tax due. Be sure to choose the correct tax rates at the bottom of Columns A and B.

#### **SECTION 2:**

Enter Taxpayer A's Social Security Number in Box A, and enter W-2 earnings, business expenses, 1099 or miscellaneous income (see Section 4), business profit or loss on the appropriate line in the column labeled "Taxpayer A". If you had multiple employers during the year, go to **SECTION 3** on the next page and enter your earnings information. The form will automatically total your wages and tax withheld, and will fill in the correct figures on the front of the form for you.

**Quarterly Payments/Refund Transfer:** If you made any quarterly payments during the year, or if you requested a transfer of a refund from a previous year, enter that figure in Line 10. The form will calculate your total tax liability (Line 8), refund due (Line 12) or payment due (Line 15). Taxpayer B's Social Security Number and earnings information should be entered exactly the same way under "Taxpayer B".

#### **SECTION 4:**

Itemize your 1099 or miscellaneous income in this section.

#### **SECTION 5:**

Record S-Corporation income in this section.

When you have completed the form, print it out, sign, date and send it, along with copies of all W-2's, 1099's or business schedules to the appropriate tax office for your county of residence (the addresses are at the top of the form). Tax payments may be made by credit card, personal check, cashier's check or money order. Be sure to mark the outside of your envelope "Payment Enclosed," "Refund Due" or "No Payment or Refund Due."

**BUREAU COPY**

Complete and Return by April 15, 2010

**SECTION 1 COMPLETE THIS SECTION ONLY IF YOU MOVED DURING 2009 AND ACCOUNT FOR ALL 12 MONTHS**

A	B	TIME PERIOD	# OF MONTHS	BUREAU CODE	RESIDENT ADDRESS - INCLUDE CITY, STATE AND ZIP CODE
		/ /09 TO / /09			
		/ /09 TO / /09			
		/ /09 TO / /09			
		/ /09 TO / /09			

CITY/BOROUGH/TOWNSHIP WHERE YOU PRESENTLY RESIDE

BUREAU CODE

SCHOOL DISTRICT

Name and Present Address

**YOU MUST COMPLETE** SSN

(A)	
(B)	

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

**SECTION 2**

- W-2 Earnings. (ENCLOSE A W-2 FORM FOR EACH EMPLOYER)
- Employee business expenses. (Enclose PA Schedule UE)
- Other taxable earned income. (Do not include interest, dividends or capital gains.) Complete Section 4 on back.
- Total taxable earned income. (Not less than zero.)
- Net profit from Business, Farm, or Profession (ENCLOSE ALL PA SCHEDULES C, F, RK-1, NRK-1) \*Report S Corp. income on reverse side only.
- Net loss from Business, Farm, or Profession (ENCLOSE ALL PA SCHEDULES C, F, RK-1, NRK-1) \*Report S Corp. loss on reverse side only.
- Total taxable net profit. (Subtract line 6 from line 5. If line 7 is less than zero, enter zero)
- Total taxable earned income and net profit. (Add lines 4 and 7.)
- Total Tax Liability USE APPLICABLE TAX RATE FROM TAX TABLE ON INSTRUCTIONS OR TOTAL OF LINE 8 FROM SCHEDULE X OR SCHEDULE Z
- Total local income tax withheld as per enclosed W-2's. DO NOT INCLUDE PHILADELPHIA TAX
- 2009 quarterly tax payments,  plus 2008 tax overpayment transferred into 2009 tax year
- Credit for taxes paid to Philadelphia and/or other states.
- Total credits. (Add lines 10, 11, and 12)
- Overpayment/Refund. (Line 13 minus line 9. If less than \$1.00, enter zero)
- Amount of overpayment to transfer to next year/transfer to spouse.  Next yr  Spouse
- Tax Balance due. (Line 9 minus line 13) IF LESS THAN \$1.00 ENTER ZERO
- Penalty after April 15. (See instructions.)
- Interest after April 15. (See instructions.)
- Total Amount Due (Add lines 16, 17, and 18)

	TAXPAYER (A)	TAXPAYER (B)
1		
2	—	—
3		
4		
5		
6	—	—
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

I DECLARE UNDER PENALTIES PROVIDED BY LAW, THAT THIS RETURN IS TRUE, COMPLETE AND CORRECT.

INCLUDE PAYMENT VOUCHER  
 INCLUDE CHECK PAYABLE TO Y.A.T.B.

**TOTAL DUE A+B \$**

(A) SIGNATURE-TAXPAYER <b>REQUIRED</b>	DATE	OCCUPATION	EMAIL ADDRESS	DAYTIME TELEPHONE NO.
(B) SIGNATURE-TAXPAYER <b>REQUIRED</b>	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 <b>A</b>		TAXPAYER <b>B</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 & 10						

ENCLOSE A W-2 FORM FOR EACH EMPLOYER

CARRY TO LINE 10 ON FRONT SIDE

CARRY TO LINE 1 ON FRONT SIDE

CARRY TO LINE 10 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 <b>A</b>	AMOUNT TAXPAYER <b>B</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 2009 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
<b>Column A:</b> Number of months you resided at 1st address during 2009.			
<b>Column B:</b> Number of months you resided at 2nd address during 2009.			
1. W-2 earnings			
2. Less employee business expense			
3. Other taxable earned income			
4. Total taxable earned income			
5. Net profit from business, farm or profession			
6. Net loss from business, farm or profession			
7. Total taxable net profit			
8. Total taxable earned income and net profit (add lines 4 & 7)			
9. 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 10 through 19 on the front of the return.

TAXPAYER **B**

**SCHEDULE X**

	COLUMN A	COLUMN B	COLUMN C TOTALS
<b>Column A:</b> Number of months you resided at 1st address during 2009.			
<b>Column B:</b> Number of months you resided at 2nd address during 2009.			
1. W-2 earnings			
2. Less employee business expense			
3. Other taxable earned income			
4. Total taxable earned income			
5. Net profit from business, farm or profession			
6. Net loss from business, farm or profession			
7. Total taxable net profit			
8. Total taxable earned income and net profit (add lines 4 & 7)			
9. 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 10 through 19 on the front of the return.

YORK ADAMS TAX BUREAU

1405 N. Duke St., PO Box 15627

York, PA 17405-0156

Phone (717) 845-1584

FORM 214 PAYMENT VOUCHER

FOR TAX YEAR 2009

Mail this portion to YATB

YORK ADAMS TAX BUREAU

900 Biglerville Rd., PO Box 4374

Gettysburg, PA 17325

Phone (717) 334-4000

(A) [Redacted]
(B) [Redacted]

SOCIAL SECURITY NUMBER (A) AMOUNT PAID
[ ] - [ ] - [ ] \$ [ ]

SOCIAL SECURITY NUMBER (B) AMOUNT PAID
[ ] - [ ] - [ ] \$ [ ]

Make check or money order payable to YATB
FORM 214-V (10-09)

Check here if paid by credit card [ ]
TOTAL PAYMENT \$ [ ]

TAXPAYER'S COPY

FORM 214 PAYMENT VOUCHER

FOR TAX YEAR 2009

Keep this portion for your records

YORK ADAMS TAX BUREAU

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 2009. DO NOT use this form if your return shows that you do not owe any earned income tax.
Place your payment and completed Form 214-V in the same envelope with your YATB Form 214 Earned Income Tax Return. Attach the address label "PAYMENT ENCLOSED" to the front of the return envelope.
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.
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."