



York - 717.845.1584
 Adams - 717.334.4000
 Information and Efile at www.yatb.com

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

YATB-TO-32 ACT 205



EXTENSION AMENDED RETURN

TAX YEAR

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (NO PO BOX, RD OR RR)	CITY OR POST OFFICE	STATE	ZIP
to	COMPLETE ONLY IF YOU MOVED DURING THE YEAR			
to				
to				

NAME

ADDR

CITY STATE ZIP

The amounts reported must correspond to the individuals social security number printed in each column. Combining income is NOT permitted.

RESIDENT PSD CODE

DAYTIME PHONE NUMBER

TAXPAYER'S EMAIL ADDRESS

ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM

DO NOT USE BOX 1 FOR WAGES

*SEE INSTRUCTIONS

TAXPAYER'S SOCIAL SECURITY #

If you had NO EARNED INCOME, check box for reason why:

Disabled Deceased Retired

Date above occurred:

SPOUSE'S SOCIAL SECURITY #

If you had NO EARNED INCOME, check box for reason why:

Disabled Deceased Retired

Date above occurred:

1. Gross Compensation as Reported on W-2(s). (Enclose W-2's).....	00	00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE).....	00	00
3. Other Taxable Earned Income*.....	00	00
4. Total Taxable Earned Income(Subtract Line 2 from Line 1 and add Line 3).....	00	00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings enter on reverse	00	00
6. Net Loss (Enclose PA Schedules*)	00	00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)....	00	00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)	00	00
9. Total Resident Local Income Tax (See rate chart in the instructions)	00	00
9a. Act 205 Distressed Municipal Pension Recovery Tax for the City of York (See TAX LIABILITY WORKSHEET on back of this form if applicable)	00	00
9b. Total Tax Liability (Line 9 + 9a)	00	00
10. Total Local Earned Income Tax Withheld as Reported on W-2(s)	00	00
11. Quarterly Estimated Payments/Credits From Previous Tax Year	00	00
12. Miscellaneous Tax Credits (Enclose documentation)*	00	00
13. TOTAL PAYMENTS AND CREDITS (Add lines 10 through 12)	00	00
14. REFUND If \$2.00 or more, enter amount (Or select option in 15)	00	00
15. Credit Taxpayer/Spouse (Amount of line 14 you want to transfer)	00	00
Credit to next year <input type="checkbox"/> Credit to spouse <input type="checkbox"/>	00	00
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus line 13).....	00	00
If \$2.00 or more, enter amount MAKE CHECK PAYABLE TO YATB		
17. Penalty after April 15* (Multiply line 16 by % rate per instructions).....		
18. Interest after April 15* (Multiply line 16 by % rate per instructions).....		
19. TOTAL PAYMENT DUE (Add lines 16, 17 and 18).....		

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

YOUR SIGNATURE/OCCUPATION

SPOUSE'S SIGNATURE/OCCUPATION

DATE (MM/DD/YYYY)

PREPARER'S PRINTED NAME AND SIGNATURE

EMAIL

PHONE NUMBER

TOTAL TAX LIABILITY WORKSHEET

The chart below should be used to determine the Resident Rate and Non-Resident Rate.

If you have a resident rate of 1% and you worked in the City of York, you will need to complete this schedule.

If you disagree with this calculation, please find additional instructions on our website at www.yatb.com

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Employer	Physical Work Location	Gross Earned Income (net Profits or W-2)	Resident Rate	Resident Tax Liability	Non-Resident Rate	Non-Resident Tax Liability
				See EIT Rate Chart in Instructions	Col. (3) x Col.(4)	York City ONLY (0.25%)	Col. (3) x Col.(6)
<i>Example:</i>	ABC Co.	123 Main St, York, PA 17401	10,000	1.0%	100.00	0.25%	25.00
1.							
2.							
3.							
4.							

TOTALS - enter on line 9 enter on line 9a

SCHEDULE X CALCULATOR

Use to calculate prorated tax liability if you resided in areas with differing tax rates during the year. **Remit this form with tax return.**

Column A: Number of months you resided at 1st address during year Column B: Number of months you resided at 2nd address during year	# of months Column A -	# of months Column B -	# of months Column C -
1. W-2 Earnings Working Dates Employer _____ to _____ Employer _____ to _____ Employer _____ to _____			
2. Less Unreimbursed employee Business Expense			
3. Other Taxable Earned Income			
4. Total Taxable Earned Income			
5. Net Business Loss (Enter as negative)			
7. Total Taxable Net Profit			
8. Total Taxable Earned Income and Net Profit			
9. Total Tax Liability (see Tax Rate Chart) Column A: Line 8 Total x Tax Rate A Column B: Line 8 Total x Tax Rate B			
Column C is the TOTAL of both Columns A & B. Enter these figures on the corresponding lines on the front of the return. Complete a separate worksheet for each taxpayer who moved between districts having different tax rates during the year.			

NON-RECIPROCAL WORKSHEET FOR OUT OF STATE TAX CREDIT

- Enclose a copy of state return or credit will be disallowed

EARNED INCOME: Taxed in other state as shown on the state tax return..... (1) _____

Local tax liability from rate chart in instructions..... X _____

(2) _____

Tax Liability Paid to other state(s).....(3) _____

Pa Income Tax (line 1 x PA Income Tax Rate for year being reported).....(4) _____

CREDIT to be used against Local Tax - (line 3 minus line 4) **enter this amount or the amount of line 2 of worksheet, whichever is less.**
.....(if less than zero, enter zero) enter on line 12 ➤ 5) _____

S-CORPORATION INCOME

(Non-taxable S-Corp earnings enter below):

Taxpayer A \$ _____ Taxpayer B \$ _____

MAIL RETURNS TO

	Payment Due	No Payment/No Refund Due	Refund Due
York County	YATB PO Box 15627 York, PA 17405	YATB PO Box 15628 York, PA 17405	YATB PO Box 15629 York, PA 17405
Adams County	YATB PO Box 4374 Gettysburg PA 17325	YATB PO Box 4344 Gettysburg PA 17325	YATB PO Box 4343 Gettysburg PA 17325