

|   |  |   |  |  |  |                                       |  |  |  |                         |  |  |  |  |  |
|---|--|---|--|--|--|---------------------------------------|--|--|--|-------------------------|--|--|--|--|--|
| Form <b>EIT</b>   |  | <b>LOCAL EARNED INCOME TAX RETURN</b><br>BERKS E.I.T. BUREAU   1125 BERKSHIRE BLVD - SUITE 115, WYOMISSING, PA 19610<br>Phone: (610) 372-8439   Toll Free: (855) 372-8439   Fax: (610) 372-1102 |  |  |  | <b>TAX YEAR</b>                       |  |  |  |                         |  |  |  |  |  |
| <input type="radio"/> Fill in oval IF YOU MOVED during the tax year printed above. Provide each address and dates living there. NOTE: If you need additional space, please see back of form   |  |   |  |  |  |                                       |  |  |  |                         |  |  |  |  |  |
| DATES LIVING AT EACH ADDRESS  |  | STREET ADDRESS (No PO Box, RD or RR)  |  | CITY   |  | STATE / ZIP CODE                      |  | TAXPAYER / SPOUSE / BOTH   |  |                         |  |  |  |  |  |
| / / TO / /  |  |   |  |  |  |                                       |  |  |  |                         |  |  |  |  |  |
| / / TO / /  |  |   |  |  |  |                                       |  |  |  |                         |  |  |  |  |  |
| TAXPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL  |  |   |  | SPOUSE B - LAST NAME, FIRST NAME, MIDDLE INITIAL |  |                                       |  | Office Use Only  |  |                         |  |  |  |  |  |
| STREET ADDRESS (No PO Box, RD or RR)  |  |   |  |  |  |                                       |  |  |  |                         |  |  |  |  |  |
| CITY  |  |   |  | STATE  |  | ZIP CODE                              |  |  |  |                         |  |  |  |  |  |
| DAYTIME PHONE NUMBER  |  | RESIDENT PSD CODE<br>06   |  | AMENDED RETURN <input type="checkbox"/>          |  | NON-RESIDENT <input type="checkbox"/> |  |  |  |                         |  |  |  |  |  |
| <div>The amounts reported in each column MUST pertain to the social security number printed in that column.<br/><br/>Combining income is NOT permitted.<br/><br/>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM<br/><br/><input type="radio"/> Single <input type="radio"/> Married, Filing Jointly <input type="radio"/> Married, Filing Separately <input type="radio"/> Final Return</div> |  |   |  |  |  |                                       |  | <div><b>TAXPAYER A</b><br/>Social Security Number<br/>-<br/>If you had NO EARNED INCOME, fill in the reason why:<br/><input type="radio"/> disabled <input type="radio"/> student<br/><input type="radio"/> deceased <input type="radio"/> unemployed<br/><input type="radio"/> homemaker <input type="radio"/> retired<br/><input type="radio"/> active duty military</div> |  |                         |  | <div><b>SPOUSE B</b><br/>Social Security Number<br/>-<br/>If you had NO EARNED INCOME, fill in the reason why:<br/><input type="radio"/> disabled <input type="radio"/> student<br/><input type="radio"/> deceased <input type="radio"/> unemployed<br/><input type="radio"/> homemaker <input type="radio"/> retired<br/><input type="radio"/> active duty military</div> |  |  |  |
| Refer to instructions on Taxpayer Worksheet   |  |   |  |  |  |                                       |  |  |  |                         |  |  |  |  |  |
| 1. Gross Compensation as reported on W-2(s) (Enclose W-2s) . . . .  |  |   |  |  |  |                                       |  | 1  |  |                         |  |  |  |  |  |
| 2. Unreimbursed Employee Business Expenses (Enclose PA UE and Page 1 of Form PA-40) . . . . .   |  |   |  |  |  |                                       |  | 2  |  |                         |  |  |  |  |  |
| 3. Other Taxable Earned Income . . . . .  |  |   |  |  |  |                                       |  | 3  |  |                         |  |  |  |  |  |
| 4. Total Taxable Earned Income . . . . .  |  |   |  |  |  |                                       |  | 4  |  |                         |  |  |  |  |  |
| 5. Net Profit from a business, farm, profession, partnership, etc. (Enclose PA Schedules) . . . . .   |  |   |  |  |  |                                       |  | 5  |  |                         |  |  |  |  |  |
| 6. Net Loss from a business, farm, profession, partnership, etc. (Enclose PA Schedules) . . . . .   |  |   |  |  |  |                                       |  | 6  |  |                         |  |  |  |  |  |
| 7. Total Taxable Net Profit . . . . .   |  |   |  |  |  |                                       |  | 7  |  |                         |  |  |  |  |  |
| 8. Total Taxable Earned Income and Net Profit . . . . .   |  |   |  |  |  |                                       |  | 8  |  |                         |  |  |  |  |  |
| 9. Total Resident Local Income Tax<br>Fill-in appropriate rate: <input type="radio"/> 1% <input type="radio"/> 1.15% <input type="radio"/> 3.6% . . . . .   |  |   |  |  |  |                                       |  | 9  |  |                         |  |  |  |  |  |
| 9a. City of Reading Distressed Commuter Tax (If applicable) . . . . .   |  |   |  |  |  |                                       |  | 9a   |  |                         |  |  |  |  |  |
| 9b. Total Tax Liability . . . . .   |  |   |  |  |  |                                       |  | 9b   |  |                         |  |  |  |  |  |
| 10. Total Local Earned Income Tax Withheld as reported on W-2(s) (DO NOT INCLUDE PHILADELPHIA OR OUT OF STATE TAX) . . . . .  |  |   |  |  |  |                                       |  | 10   |  |                         |  |  |  |  |  |
| 11. Quarterly Estimated Payments/Credit from Previous Tax Year<br><input type="radio"/> Estimated Payments <input type="radio"/> Prior Year Credit . . . . .  |  |   |  |  |  |                                       |  | 11   |  |                         |  |  |  |  |  |
| 12. Miscellaneous Tax Credits<br><input type="radio"/> Philadelphia Credit <input type="radio"/> Out of State Credit . . . . .  |  |   |  |  |  |                                       |  | 12   |  |                         |  |  |  |  |  |
| 13. TOTAL PAYMENTS and CREDITS . . . . .  |  |   |  |  |  |                                       |  | 13   |  |                         |  |  |  |  |  |
| 14. OVERPAYMENT/REFUND DUE . . . . .  |  |   |  |  |  |                                       |  | 14   |  |                         |  |  |  |  |  |
| 15. Credit to Taxpayer/Spouse (Amount of Line 14 you want as credit)<br><input type="radio"/> Credit to Next Year <input type="radio"/> Credit to Spouse . . . . .  |  |   |  |  |  |                                       |  | 15   |  |                         |  |  |  |  |  |
| 16. EARNED INCOME TAX BALANCE DUE . . . . .   |  |   |  |  |  |                                       |  | 16   |  |                         |  |  |  |  |  |
| 17. Penalty & Interest after April 15 . . . . .   |  |   |  |  |  |                                       |  | 17   |  |                         |  |  |  |  |  |
| 18. TOTAL PAYMENT DUE . . . . .   |  |   |  |  |  |                                       |  | 18   |  |                         |  |  |  |  |  |
| <b>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.</b>  |  |   |  |  |  |                                       |  |  |  |                         |  |  |  |  |  |
| TAXPAYER A SIGNATURE  |  |   |  | SPOUSE B SIGNATURE (If Filing Jointly)           |  |                                       |  | DATE   |  | TELEPHONE NUMBER        |  |  |  |  |  |
| TAXPAYER E-MAIL ADDRESS   |  |   |  | PREPARER'S NAME                                  |  |                                       |  | PREPARER'S COMPANY   |  | PREPARER'S PHONE NUMBER |  |  |  |  |  |

| If you have moved during the tax year, list the address(es) and month(s) below: (Enclose separate sheet for more than 2 addresses) |                        |                          |              |            |
|--|------------------------|--------------------------|--------------|------------|
| Address/City/State/Zip   | City/<br>Township/Boro | Taxpayer/<br>Spouse/Both | Date<br>From | Date<br>To |
| (I)  |                        |                          |              |            |
| (II)   |                        |                          |              |            |

| PRORATION WORKSHEET  |   | Taxpayer A |            | Spouse B  |            |
|--|---|------------|------------|-----------|------------|
|  |   | Address I  | Address II | Address I | Address II |
| 1. Gross compensation as reported on W-2(s)                                | + |            |            |           |            |
| 2. Unreimbursed Employee Business Expenses                                 | - |            |            |           |            |
| 3. Other Taxable Earned Income   | + |            |            |           |            |
| 4. <b>Total Taxable Earned Income</b>                                      | = |            |            |           |            |
| 5. Net Profit from a business, farm, profession, partnership, etc.         | + |            |            |           |            |
| 6. Net Loss from a business, farm, profession, partnership, etc.           | - |            |            |           |            |
| 7. <b>Total Taxable Net Profit</b>   | = |            |            |           |            |
| 8. Total Taxable Earned Income and Net Profit (add Lines 4 and 7)          |   |            |            |           |            |
| 9. Total Resident Local Income Tax (Line 8 X Taxpayer's resident tax rate) |   |            |            |           |            |
| 9a. City of Reading Distressed Commuter Tax (If applicable)                |   |            |            |           |            |
| 9b. <b>Total Tax Liability</b>   |   |            |            |           |            |
| 10. Total Local Earned Income Tax Withheld as Reported on W-2(s)           |   |            |            |           |            |
| DO NOT INCLUDE PHILADELPHIA OR OUT OF STATE TAX (must be prorated also)    |   |            |            |           |            |

#### OUT-OF-STATE or PHILADELPHIA CREDITS (supporting documentation required)

##### General Rules Applicable to All Line 12 Credits:

- (1) Credits for income taxes paid to other states must first be used against your Pennsylvania income tax liability; any credit remaining thereafter may be used against your local earned income tax liability.
- (2) Credits for income taxes paid to political subdivisions located outside of Pennsylvania or for wage taxes paid to Philadelphia may be taken directly against your local earned income tax liability.
- (3) In calculating your credit for income taxes paid to another state or political subdivision, note that the same items of income must be subject to both your local earned income tax and the out-of state tax.
- (4) **No credit for income taxes paid to another state or political subdivision may exceed your total local earned income tax liability.**

**Credit for Taxes Paid to Other States:** You may take a credit based upon the gross earnings taxed both in another state and in Pennsylvania that is in excess of the Pennsylvania state personal income tax rate. THIS CREDIT WILL BE DISALLOWED IF THE NON-RESIDENT OR FOREIGN US STATE RETURN AND YOUR W-2 FORM SHOWING STATE INCOME TAX WITHHELD IS NOT PROVIDED.

**No credits are given for state income taxes paid to states that reciprocate with the Commonwealth of Pennsylvania. These states are: Maryland, New Jersey, Ohio, Virginia, West Virginia and Indiana.**

**Credit for Taxes Paid to Political Subdivisions Outside of Pennsylvania:** You may take a credit based upon the gross earnings taxed in both another political subdivision and where you live in Pennsylvania. THIS CREDIT WILL BE DISALLOWED IF THE FOREIGN CITY RETURN AND YOUR W-2 FORM SHOWING CITY INCOME TAX WITHHELD IS NOT PROVIDED.

**Credit for Taxes Paid to Philadelphia:** You may use any wage tax paid to Philadelphia as a credit toward your local earned income tax liability. You must complete the Local Earned Income Tax Return. A COPY OF YOUR W-2 AND/OR VERIFICATION OF TAXES PAID MUST BE ENCLOSED WITH THE FORM OR CREDIT WILL BE DISALLOWED. No refunds or credits will be allowed for any overpayment made to Philadelphia. On line 12 of the tax return, enter the amount of Philadelphia wage tax paid.

DO NOT DETACH

Form **EIT**Office Use Only

TAXPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL

SPOUSE B - LAST NAME, FIRST NAME, MIDDLE INITIAL

**19. TOTAL PAYMENT DUE** April 15,

(From Line 18) .....

Social Security Number

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Social Security Number

A horizontal number line is shown, starting at 0 and ending at 100. Major tick marks are labeled every 10 units (0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100). There are also minor tick marks between the major ones, representing increments of 2. A subtraction problem is written above the number line:  $80 - 20 =$  followed by a blank space for the answer.

19 

|    |  |  |  |  |  |   |   |
|----|--|--|--|--|--|---|---|
| 19 |  |  |  |  |  | 0 | 0 |
|----|--|--|--|--|--|---|---|

**Make Checks payable to "Berks EIT Bureau"**

☐ CHECK HERE IF PAYING BY CREDIT CARD (see reverse side)

**AMOUNT ENCLOSED**

Please write your social security number(s) on your check.

**There will be a \$50.00 fee for returned checks for insufficient funds.**

## Payment Returns:

### Refund/Credit Requested Returns:

**No Payment/No Refund/No Credit Due:**

PAYMENT ENCLOSED

BERKS EIT BUREAU

PO BOX 6365

WYOMISSING, PA 19610-0365

REFUND/CREDIT REQUESTED

BERKS EIT BUREAU

PO BOX 6366

WYOMISSING, PA 19610-0366

**NO PAYMENT/NO REFUND**

BERKS EIT BUREAU

PO BOX 6367

WYOMISSING, PA 19610-0367

**CREDIT CARD PAYMENTS:** Can be made through our website [www.berkseit.com](http://www.berkseit.com) or by phone 1-800-272-9829. VISA, MasterCard, American Express and Discover are accepted. All credit card payments are through a third party company, Official Payments Corporation. It is a simple, safe, and convenient payment option. There is a fee charged by Official Payments Corporation for utilizing this service. The Jurisdiction Code for Berks EIT Bureau is 4845. At several points in the transaction process, you will be informed of the fee charged by Official Payments Corporation. If you have any questions about this method of payment, please contact our office.

**YOU ARE STILL REQUIRED TO FILE YOUR LOCAL TAX RETURN WITH APPROPRIATE SUPPORTING DOCUMENTATION.**  
Please check the payment by credit card box on the tax form.