



BERKS EARNED INCOME TAX BUREAU
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LOCAL EARNED INCOME TAX RETURN

Information and eFile at www.berkseit.com

TAX YEAR
2025

Fill in oval IF YOU HAVE MOVED during the tax year printed above. Provide each address and dates living there. NOTE: If you need additional space, use proration worksheet.

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD, or RR)	CITY	STATE/ZIP	TAXPAYER A/TAXPAYER B
TO				
TO				
TAXPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL		TAXPAYER B - LAST NAME, FIRST NAME, MIDDLE INITIAL		
STREET ADDRESS (No PO Box, RD, or RR)		COUNTY		
CITY	STATE	ZIP	SCHOOL DISTRICT/MUNICIPALITY	
EMAIL ADDRESS	RESIDENT 6-DIGIT PSD CODE	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>

The amounts reported in each column MUST pertain to the social security number printed in that column.

Amounts rounded to nearest dollar

Combining income is NOT permitted.

ONLY USED BLACK OR BLUE INK TO COMPLETE THIS FORM

Single Married, Filing Jointly Married, Filing Separately Final Return

Taxpayer A - Social Security Number

If you had NO EARNED INCOME

fill in the reason why:

- Disabled
- Student
- Deceased
- Unemployed
- Homemaker
- Retired
- Active Duty Military

Taxpayer B - Social Security Number

If you had NO EARNED INCOME

fill in the reason why:

- Disabled
- Student
- Deceased
- Unemployed
- Homemaker
- Retired
- Active Duty Military

1 Gross Compensation as reported on W-2(s) **(Enclose W-2s)**1

2 Unreimbursed Employee Business Expenses **(Enclose PA Schedule UE)**2

3 Other Taxable Earned Income **(Enclose Documents)**3

4 Total Taxable Earned Income4

5 Net Profit **(Enclose PA Schedules)**5

NON TAXABLE S-CORP EARNINGS check this box

(Enclose S-corp Schedule)

6 Net Loss **(Enclose PA Schedules)**6

7 Total Taxable Net Profit7

8 Total Taxable Earned Income and Net Profit8

9 Total Tax Liability (Line 8 Multiplied by Applicable Resident Tax Rate)

Fill-in Appropriate Rate: 1% 1.15% 3.6%

10 Total Local Earned Income Tax Withheld as Reported on W-2(s)10

(DO NOT INCLUDE PHILADELPHIA OR OUT OF STATE TAX)10

11 Quarterly Estimated Payments/Credit from Previous Year11

Estimated Payments Prior Year Credit

12 Miscellaneous Tax Credits **(Enclose Documents)**12

Philadelphia Credit Out of State Credit

13 **TOTAL PAYMENTS AND CREDITS**13

14 **OVERPAYMENT/REFUND DUE**14

15 Credit to Taxpayer/Spouse15

Credit to Next Year Credit to Taxpayer A/B

16 **EARNED INCOME TAX BALANCE DUE**16

17 Penalty after April 15 (see instructions)17

18 Interest after April 15 (see instructions)18

19 **TOTAL PAYMENT DUE** (Payable to "BEITB")19

Under penalties of perjury, 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.

TAXPAYER A SIGNATURE	TAXPAYER B SIGNATURE	DATE	TELEPHONE NUMBER
PREPARER'S NAME	PREPARER'S COMPANY	PREPARER'S E-MAIL ADDRESS	PREPARER'S PHONE NUMBER

2025 Proration Worksheet

(This worksheet must be completed if you moved during the year.)

TAXPAYER A	NAME:	LAST FOUR DIGITS OF SOCIAL SECURITY 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/Township/ Borough	Resident 6- Digit PSD Code	Date From	Date To
(I)				
(II)				

Proration Worksheet	Taxpayer A	
	Address I	Address II
1. Gross Compensation as Reported on W-2(s)		
2. Unreimbursed Employee Business Expenses		
3. Other Taxable Income		
4. Total Taxable Earned Income		
5. Net Profit		
6. Net Loss		
7. Total Taxable Net Profit		
8. Total Taxable Earned Income and Net Profit		
9. Total Tax Liability		
10. Total Local Income Tax Withheld as Reported on W-2(s)		

TAXPAYER B	NAME:	LAST FOUR DIGITS OF SOCIAL SECURITY 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/Township/ Borough	Resident 6- Digit PSD Code	Date From	Date To
(I)				
(II)				

Proration Worksheet	Taxpayer B	
	Address I	Address II
1. Gross Compensation as Reported on W-2(s)		
2. Unreimbursed Employee Business Expenses		
3. Other Taxable Income		
4. Total Taxable Earned Income		
5. Net Profit		
6. Net Loss		
7. Total Taxable Net Profit		
8. Total Taxable Earned Income and Net Profit		
9. Total Tax Liability		
10. Total Local Income Tax Withheld as Reported on W-2(s)		