

**LOCAL EARNED INCOME TAX RETURN**

Information and eFile at [www.berkseit.com](http://www.berkseit.com)



**EARNED INCOME TAX BUREAU**

1125 Berkshire Blvd · Suite 115 · Wyomissing, PA 19610  
Phone: 610-372-8439 | Toll-Free: 855-372-8439 | Fax: 610-372-1102

**TAX YEAR  
2025**

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) <b>(Enclose W-2s)</b> .....	1	.00	1	.00
2 Unreimbursed Employee Business Expenses <b>(Enclose PA Schedule UE)</b> ..	2	.00	2	.00
3 Other Taxable Earned Income <b>(Enclose Documents)</b> .....	3	.00	3	.00
4 Total Taxable Earned Income .....	4	.00	4	.00
5 Net Profit <b>(Enclose PA Schedules)</b> .....	5	.00	5	.00
NON-TAXABLE S-CORP EARNINGS check this box <input type="checkbox"/> <b>(Enclose S-corp Schedule)</b>				
6 Net Loss <b>(Enclose PA Schedules)</b> .....	6	.00	6	.00
7 Total Taxable Net Profit .....	7	.00	7	.00
8 Total Taxable Earned Income and Net Profit .....	8	.00	8	.00
9 Total Tax Liability (Line 8 Multiplied by Applicable Resident Tax Rate) Fill-in Appropriate Rate: <input type="radio"/> 1% <input type="radio"/> 1.15% <input type="radio"/> 3.6%	9	.00	9	.00
10 Total Local Earned Income Tax Withheld as Reported on W-2(s) .....	10	.00	10	.00
(DO NOT INCLUDE PHILADELPHIA OR OUT OF STATE TAX) .....				
11 Quarterly Estimated Payments/Credit from Previous Year .....	11	.00	11	.00
<input type="radio"/> Estimated Payments <input type="radio"/> Prior Year Credit				
12 Miscellaneous Tax Credits <b>(Enclose Documents)</b> .....	12	.00	12	.00
<input type="radio"/> Philadelphia Credit <input type="radio"/> Out of State Credit				
13 <b>TOTAL PAYMENTS AND CREDITS</b> .....	13	.00	13	.00
14 <b>OVERPAYMENT/REFUND DUE</b> .....	14	.00	14	.00
15 Credit to Taxpayer/Spouse .....	15	.00	15	.00
<input type="radio"/> Credit to Next Year <input type="radio"/> Credit to Taxpayer A/B .....				
16 <b>EARNED INCOME TAX BALANCE DUE</b> .....	16	.00	16	.00
17 Penalty after April 15 (see instructions) .....	17	.00	17	.00
18 Interest after April 15 (see instructions) .....	18	.00	18	.00
19 <b>TOTAL PAYMENT DUE</b> (Payable to "BEITB") .....	19	.00	19	.00

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.)

<b>TAXPAYER A</b>	NAME:	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:		
<b>If you have moved during the tax year, list the address(es) and month(s) below: (Enclose separate sheet for more than 2 addresses)</b>				
Address/City/State/Zip	City/Township/ Borough	Resident 6- Digit PSD Code	Date From	Date To
(I)				
(II)				

<b>Proration Worksheet</b>	Taxpayer A	
	Address I	Address II
1. Gross Compensation as Reported on W-2(s)		
2. Unreimbursed Employee Business Expenses		
3. Other Taxable Income		
<b>4. Total Taxable Earned Income</b>		
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)		

<b>Taxpayer B</b>	NAME:	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:		
<b>If you have moved during the tax year, list the address(es) and month(s) below: (Enclose separate sheet for more than 2 addresses)</b>				
Address/City/State/Zip	City/Township/ Borough	Resident 6- Digit PSD Code	Date From	Date To
(I)				
(II)				

<b>Proration Worksheet</b>	Taxpayer B	
	Address I	Address II
1. Gross Compensation as Reported on W-2(s)		
2. Unreimbursed Employee Business Expenses		
3. Other Taxable Income		
<b>4. Total Taxable Earned Income</b>		
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)		