



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

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 ☐	AMENDED RETURN ☐	NON-RESIDENT ☐

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