

INDIVIDUAL INCOME TAX RETURN FOR THE CITY, TOWNSHIP, BOROUGH OR SCHOOL DISTRICT OF

PSD: _____

County	Account Number	File With:
School District		
Taxpayer Name	Taxpayer's SSN	On or before:
Spouse Name (if joint)	Spouse's SSN (if joint)	
Street Address	Filing Status - check only one <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Joint <input type="checkbox"/> Married-Filing Sep	<input checked="" type="radio"/> Moved in/out during ? <input type="checkbox"/> YES <input type="checkbox"/> NO From _____ To _____
ICO Address (If Applicable)		<input checked="" type="radio"/> Did you file a return in ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> The locality can discuss this return with the preparer <input type="checkbox"/> <input checked="" type="radio"/> Check here if this is an amended return <input type="checkbox"/> <input checked="" type="radio"/> Check box if no longer required to file <input type="checkbox"/>
City, State and Zip Code		Reason:
<input type="checkbox"/> Taxpayer Deceased	<input type="checkbox"/> Spouse Deceased	

	Taxpayer	Spouse
1. Total Wages, Salaries, Tips, Etc. Attach Form(s) W-2	1	
2. Other Taxable Earned Income. List Type: _____	2	
3. Less allowable Employee Business Expenses (Attach PA Schedule UE and Federal 2106)	3	
4. Total Earned Income/Compensation (Add lines 1 and 2 less Line 3)	4	
5. Net Loss from Business, Profession, Farm (Attach Schedules C, E, F and/or K-1)	5	
6. Subtotal (Line 4 less line 5) If less than zero, enter zero	6	
7. Net Profit from Business, Profession, Farm (Attach Schedule C, E, F and/or K-1)	7	
8. Nontaxable S Corporation pass-thru Net Profits(s)/Loss(es) as reported on PA-40 return.	8	
9. Total Taxable Income (Add lines 6 and 7)	9	
10. Income Tax. Multiply Line 9 by	10	
11. Income Tax Withheld.	11	
12. Estimated Payments	12	
Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____		
13. Credit For Taxes Paid to Other Jurisdictions (Philadelphia Tax or Out-Of-State Tax credit)	13	
14. Payments Made by Extension	14	
15. 2007 Overpayment to 2008	15	
16. Other Payments/Credits	16	
17. Payment Remitted With Original Return	17	
18. Overpayment From Original Return	18	
19. Total Payments and Credits (Add lines 11 - 17 and subtract line 18)	19	
20. OVERPAYMENT. If Line 10 is less than Line 19, enter overpayment here	20	
Credit to spouse <input type="checkbox"/> Credit to next year <input type="checkbox"/> Refund <input type="checkbox"/>		
21. Refund (Less amounts credited to spouse or next year)	21	
22. BALANCE DUE. If Line 10 is more than Line 19, enter balance due here	22	
23. Penalty and Interest, if applicable	23	
24. Total Balance Due (Add lines 22 and 23)	24	
25. Total amount enclosed (Add taxpayer and spouse columns for line 24)	25	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Your signature	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Daytime phone number
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		
		Phone no.		

Total Amount Due: _____	Type of Credit Card: ___ Visa ___ MasterCard Expiration Date: _____
3% Convenience Fee: _____	Name on Card: _____
Total Credit Card Charge (incl. 3% Fee): _____	I agree to pay 3% convenience fee to Centax: _____
Credit Card Number: _____	Signature: _____