

**EARNED INCOME TAX RETURN FOR
 SPRING TOWNSHIP AND BELLEFONTE AREA SCHOOL DISTRICT
 FOR PERIOD JANUARY 1, 2009 TO DECEMBER 31, 2009**

Address: 1309 Blanchard Street
 Bellefonte, PA 16823

Phone: 355-1309 ext. 7
 Fax: 355-2801
 Hours: 8:00 a.m. to 5:00 p.m.
 Daily, Monday thru Thursday
 8:00 a.m. to 4:00 p.m. Friday

This return, along with payment due, must be filed with Spring Township on or before April 15, 2010. YOU MUST FILE A REPORT EVEN THOUGH THE TAX HAS BEEN WITHHELD BY THE EMPLOYER.

If you moved or married, please notify your collector so that your records can be corrected

| | | |
|------------|---------------------|-----------|
| Taxpayer 1 | Social Security No. | Phone No. |
| Taxpayer 2 | Social Security No. | Phone No. |

Current Street Address: _____

Current Mailing Address (if different from your physical residence) _____

Former Address (if you moved during the tax year 2009) _____ Date Moved in 2009 _____

Persons residing in more than one municipality during the tax year must provide a year-to-date paycheck stub to show gross earnings received during residency in the township.

1. Enter on this line your total gross earned income as indicated for LOCAL (Box 18) or STATE (Box 16) wages on your W2 form. DO NOT INCLUDE UNEARNED INCOME. DO NOT INCLUDE CAPITAL GAINS OR DEDUCT CAPITAL LOSS.

| TAXPAYER 1-EMPLOYER (S) | ADDRESS | Taxpayer 1 AMOUNT | Taxpayer 2 AMOUNT |
|--|----------------------------|-------------------|-------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| TAXPAYER 2-EMPLOYER (S) | | | \$ _____ |
| _____ | | | \$ _____ |
| _____ | | | \$ _____ |
| 2. LESS ALLOWABLE BUSINESS EXPENSES (Must Attach PA UE Forms to be eligible for deduction) | | \$ _____ | \$ _____ |
| 3. LINE 1 MINUS LINE 2 | | \$ _____ | \$ _____ |
| | TOTAL EARNED INCOME | \$ _____ | \$ _____ |
| 4. NET GAIN FROM BUSINESS OR PROFESSION AS SHOWN ON STATE INCOME TAX RETURN (Attach PA Sch. C, PA, K-1, E, F) (Loss = 0) (Sec. #5 of Instructions on back) | | \$ _____ | \$ _____ |
| 5. INCOME FROM PARTNERSHIPS AND OTHER SOURCES AS SHOWN ON STATE INCOME TAX RETURN. (Attach documentation) Name and Address of Partnership _____ | | \$ _____ | \$ _____ |
| Other Sources (State Nature) Attach Form to Verify (Ex. 1099) _____ | | \$ _____ | \$ _____ |
| 6. TOTAL-INCOME SUBJECT TO TAX (Add lines 3, 4 and 5) | | \$ _____ | \$ _____ |
| 7. 1.55% OF ITEM NO. 6 (.0155 x Line 6) | | \$ _____ | \$ _____ |
| 8. LESS: PAYMENTS OF 2009 EARNED INCOME TAX (A) By withholding from Wages (See Box 19 of W-2) (Taxpayer 1) \$ _____ (Taxpayer 2) \$ _____ | | | |
| (B) By 2009 Estimated Tax Payments (Taxpayer 1) \$ _____ (Taxpayer 2) \$ _____ | | \$ _____ | \$ _____ |
| 9. BALANCE DUE (Make Check Payable to Spring Township) (If filing for an extension, estimated payment is due by April 15) | | \$ _____ | \$ _____ |
| 10. OVERPAYMENT <input type="checkbox"/> Issue refund <input type="checkbox"/> Rollover to 2010 Tax Return (No payment/refund of less than \$2.00 is required.) | | \$ _____ | \$ _____ |

ATTACH W-2'S HERE

I/we declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by the above and to the best of my/our knowledge and belief is a true, correct, and complete return. I/we further declare that this return includes all taxable income required to be reported by the above listed Earned income Tax Ordinances to the extent that the same was reported to the Federal Government.
A FINE WILL BE IMPOSED FOR EACH YEAR THAT YOU DO NOT REPORT.

Date _____, 20 _____

RETURN ORIGINAL (WHITE) COPY KEEP OTHER COPY FOR YOUR RECORDS
W-2 FORM MUST BE ATTACHED TO OUR COPY OF YOUR RETURN.
 Additional copies of this form may be downloaded at www.springtownship.org

| | |
|---|------------|
| _____ | Taxpayer 1 |
| _____ | Taxpayer 2 |
| _____ Tax Preparer's Name and Tel. No. if other than Taxpayer | |