

PLAINFIELD TOWNSHIP

FOR THE PERIOD JANUARY 1,

TO DECEMBER 31,

EARNED INCOME TAX RETURN

TAX COLLECTOR'S COPY

INDIVIDUAL (Joint Returns Not Accepted)

(Please Type or Print)

THIS RETURN MUST BE FILED WHETHER THERE WAS INCOME OR NOT.

IF POST OFFICE ADDRESS HAS BEEN CHANGED DURING THE YEAR, PLEASE FILL IN:

FORMER ADDRESS _____
(Street and No.) (Post Office or Township) (State)

Moved In to Plainfield Twp.: _____ Date Moved From Plainfield Twp.: _____

Social Security Number _____		OFFICIAL USE ONLY CODE _____
Name _____	Occupation _____	
Present Address _____		

(1) Enter your total wages, salaries, bonuses, commissions, and other compensation received for services rendered; include 401k & similar deferred income, flex plan income. IF SELF-EMPLOYED, REFER TO LINE 6 BELOW. **INCLUDE A COPY OF EACH W-2 FORM.**

Employer's Name	Where Employed (City and State)	Wages, Etc.	Local Earned Income Tax Withheld
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

	TOTALS
W-2 EARNINGS (Attach W-2's) A COPY OF FORM W-2 AND/OR 1099 FOR EACH EMPLOYER MUST BE ATTACHED	1. \$ _____
UNREIMBURSED EMPLOYEE BUSINESS EXPENSES ATTACH STATE SCHEDULE UE OR UE1	2. _____
TAXABLE W-2 EARNINGS (Subtract Line 2 from Line 1)	3. _____
OTHER TAXABLE EARNED INCOME (NO INTEREST OR DIVIDENDS)	4. _____
TOTAL TAXABLE EARNED INCOME (Add Lines 3 and 4)	5. _____
NET PROFIT FROM BUSINESS OR PROFESSION (Attach PA Schedule 40, C, F, RK1/NK1)	6. _____
TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Lines 5 and 6)	7. _____
CALCULATION OF TAX Multiply Line 7 Col. #1 by 1.60% TAX RATE IS 1.60%	8. _____
CREDIT: TAX WITHHELD PER W-2 FORM	9. _____
CREDIT: QUARTERLY PAYMENTS/LAST YEAR'S OVER PAYMENT CREDITED TO THIS YEAR	10. _____
TOTAL CREDITS (Add Lines 9 and 10)	11. _____
TAX BALANCE DUE (Subtract Line 11 from Line 8) IF \$1.00 OR LESS, ENTER ZERO	12. _____
Interest (6% per year) _____ + Penalty (1/2% per month) _____ (Leave blank if paid before April 15)	13. _____
TOTAL BALANCE DUE (Add Lines 12 and 13) Make check payable to: PLAINFIELD TOWNSHIP ETO	14. _____
OVERPAYMENT (Subtract Line 8 from Line 11) IF \$1.00 OR LESS, ENTER ZERO	15. _____
OVERPAYMENT TO BE REFUNDED	16. _____
OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX	17. _____

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Signature _____ Telephone _____ Date _____

Final returns must be filed separately and signed by the taxpayer. Failure to file can result in a fine of not more than Five Hundred (\$500.00) Dollars.

Preparer (other than taxpayer)-I declare, under the penalties of perjury that I prepared this return for the person named herein; and that this return (including any accompanying schedules and statements) is, to the best of my knowledge and belief a true, correct, and complete return based on all the information relating to the matters required to be reported in this return of which I have any knowledge.

(Individual or Firm Signature) (Address) (Telephone) (Date)

Mail Return to: **RONDI WAGNER, Collector** 1142 Bangor Road • Route 191 • Nazareth, PA 18064 • (610) 588-7761

IF PROPER SCHEDULES AND FORMS ARE NOT ATTACHED NO REFUNDS WILL BE MADE