

EARNED INCOME TAX RETURN

Richland Township Earned Income Tax Office 1328 California Road, Suite C Quakertown, PA 18951 215-536-4256 Fax: 215-536-1674 Website: www.richlandtownship.org	Year: _____ File this return on or before April 15th. Make checks payable to: Richland Township EIT
	Township: _____ Phone Number: _____

If you moved into or out of a Pennsylvania taxing district, you must file a form with each district for the time spent in each. Please complete:

Present address: _____ From ___/___/___ _____ To ___/___/___ _____ Former address: _____ From ___/___/___ _____ To ___/___/___ _____	IF FILING "0", CHECK BOX: <input type="checkbox"/> HOUSEWIFE <input type="checkbox"/> OTHER (Explain) _____ <input type="checkbox"/> RETIRED <input type="checkbox"/> DISABLED
	TAXPAYER: Social Security # _____

1. Gross Earned Income (Attach W-2 & 1099)	1	
2. Unreimbursed Business Expenses (Attach copy of PA UE Form for each employer)	2	
3. Net Loss from Business (Attach copies of all applicable Federal Schedules)	3	
4. Net Profit from Business (Attach copies of all applicable Federal Schedules)	4	
5. Income Subject to Tax (Line 1 less Line 2 less Line 3 plus Line 4)	5	
6. Local Tax (.016 x line 5)	6	
7. Local Tax Withheld by Employer(s)	7	
8. Estimated Tax Payments and Carryover Credit	8	
9. Credit for Tax Paid to Other States Including Philadelphia (Must Attach Other State Return) (Phila. tax <u>NOT</u> refundable)	9	
10. Total Lines (Lines 7, 8 & 9)	10	
11. If Line 6 is larger than Line 10, enter balance due	11	
12. Penalty & interest of 1% per month on balance due (If not paid by April 15th)	12	
13. Penalty for <u>NOT</u> making quarterly estimates (8% of Line 11)	13	
14. Delinquent Late Fee: \$10.00 per taxpayer (If filed after April 15th)	14	
15. TOTAL DUE (Make check payable to: Richland Township EIT)	15	
16. Overpayment (Line 10 less Line 6)	16	Disregard Overpayments or Underpayments less than \$1.00 Refund <input type="checkbox"/> \$ _____ Credit <input type="checkbox"/> \$ _____

I declare under the penalties provided by law that I have examined this return. To the best of my knowledge and belief, it is a true and complete return.

Taxpayer
Signature: _____

Date: _____