

**EARNED INCOME TAX RETURN FOR
BOROUGH OF BELLEFONTE AND BELLEFONTE AREA SCHOOL DISTRICT
FOR PERIOD JANUARY 1, 2008 TO DECEMBER 31, 2008**

Hours: 8:00 a.m. to 4:30 p.m.
Monday through Friday
Phone: 814-353-2314 or 355-1501 X 17
Fax: 814-353-2315

This return, along with payment due, must be filed with Bellefonte Borough EIT Office, 236 W. Lamb Street, Bellefonte, PA 16823 on or before April 15, 2009*. All residents who had earned income must file a return even if the tax has been withheld by the employer. Make checks payable to Bellefonte Borough EIT. *Extension forms available at the Borough Office. If filing for an extension, estimated payment of tax is due April 15, 2009.

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 2008) _____ Date Moved in 2008 _____

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 borough.

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.**

TAX PAYER 1-EMPLOYER	ADDRESS	Taxpayer 1 AMOUNT	Taxpayer 2 AMOUNT
		\$ _____	
		\$ _____	
TAXPAYER 2-EMPLOYER			\$ _____
			\$ _____

2. LESS ALLOWABLE EMPLOYEE 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) (See instruction #5)	\$ _____	\$ _____
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. 1.65% OF ITEM NO. 6 (.0165 X LINE 6)	\$ _____	\$ _____
8. LESS: PAYMENTS OF 2008 EARNED INCOME TAX		
(A) By withholding from Wages (See Box 19 of W-2)	(Taxpayer 1) \$ _____	(Taxpayer 2) \$ _____
(B) By 2008 Estimated Tax Payments	(Taxpayer 1) \$ _____	(Taxpayer 2) \$ _____
9. BALANCE DUE	\$ _____	\$ _____
10. OVERPAYMENT <input type="checkbox"/> Check box to apply to 2009 Tax <input type="checkbox"/> Donate to Borough Parks Maintenance Fund	\$ _____	\$ _____

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.basd.net or bellefonte.net

Taxpayer 1	_____
Taxpayer 2	_____
Tax Preparer Name & Tel. #, if other than taxpayer's	