

LOCAL EARNED INCOME TAX RETURN

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EARNED INCOME TAX BUREAU

1125 Berkshire Blvd · Suite 115 · Wyomissing, PA 19610
Phone: 610-372-8439 | Toll-Free: 855-372-8439 | Fax: 610-372-1102

**TAX YEAR
2024**

| | | | | |
|------------------------------|---------------------------------------|------|-----------|-----------------------|
| DATES LIVING AT EACH ADDRESS | STREET ADDRESS (No PO Box, RD, or RR) | CITY | STATE/ZIP | TAXPAYER A/TAXPAYER B |
| / / TO / / | | | | |
| / / TO / / | | | | |

| | | | | |
|--|---------------------------|--|---|---------------------------------------|
| TAXPAYER A - LAST NAME, FIRST NAME, MIDDLE INITIAL | | TAXPAYER B - LAST NAME, FIRST NAME, MIDDLE INITIAL | | |
| STREET ADDRESS (No PO Box, RD, or RR) | | | COUNTY | |
| CITY | STATE | ZIP | SCHOOL DISTRICT/MUNICIPALITY | |
| EMAIL ADDRESS | RESIDENT 6-DIGIT PSD CODE | EXTENSION <input type="checkbox"/> | AMENDED RETURN <input type="checkbox"/> | NON-RESIDENT <input type="checkbox"/> |

The amounts reported in each column MUST pertain to the social security number printed in that column.

Amounts rounded to nearest dollar

Combining income is NOT permitted.

ONLY USED BLACK OR BLUE INK TO COMPLETE THIS FORM

Single Married, Filing Jointly Married, Filing Separately Final Return

Taxpayer A - Social Security Number

If you had NO EARNED INCOME fill in the reason why:

Disabled Student
 Deceased Unemployed
 Homemaker Retired
 Active Duty Military

Taxpayer B - Social Security Number

If you had NO EARNED INCOME fill in the reason why:

Disabled Student
 Deceased Unemployed
 Homemaker Retired
 Active Duty Military

| | | | | |
|--|----|-----|----|-----|
| 1 Gross Compensation as reported on W-2(s) (Enclose W-2s) | 1 | .00 | 1 | .00 |
| 2 Unreimbursed Employee Business Expenses (Enclose PA Schedule UE) .. | 2 | .00 | 2 | .00 |
| 3 Other Taxable Earned Income (Enclose Documents) | 3 | .00 | 3 | .00 |
| 4 Total Taxable Earned Income | 4 | .00 | 4 | .00 |
| 5 Net Profit (Enclose PA Schedules) | 5 | .00 | 5 | .00 |
| 6 Net Loss (Enclose PA Schedules) | 6 | .00 | 6 | .00 |
| 7 Total Taxable Net Profit | 7 | .00 | 7 | .00 |
| 8 Total Taxable Earned Income and Net Profit | 8 | .00 | 8 | .00 |
| 9 Total Tax Liability (Line 8 Multiplied by Applicable Resident Tax Rate) Fill-in Appropriate Rate: <input type="radio"/> 1% <input type="radio"/> 1.15% <input type="radio"/> 3.6% | 9 | .00 | 9 | .00 |
| 10 Total Local Earned Income Tax Withheld as Reported on W-2(s) (DO NOT INCLUDE PHILADELPHIA OR OUT OF STATE TAX) | 10 | .00 | 10 | .00 |
| 11 Quarterly Estimated Payments/Credit from Previous Year | 11 | .00 | 11 | .00 |
| <input type="radio"/> Estimated Payments <input type="radio"/> Prior Year Credit | | | | |
| 12 Miscellaneous Tax Credits (Enclose Documents) | 12 | .00 | 12 | .00 |
| <input type="radio"/> Philadelphia Credit <input type="radio"/> Out of State Credit | | | | |
| 13 TOTAL PAYMENTS AND CREDITS | 13 | .00 | 13 | .00 |
| 14 OVERPAYMENT/REFUND DUE | 14 | .00 | 14 | .00 |
| 15 Credit to Taxpayer/Spouse | 15 | .00 | 15 | .00 |
| <input type="radio"/> Credit to Next Year <input type="radio"/> Credit to Taxpayer A/B | | | | |
| 16 EARNED INCOME TAX BALANCE DUE | 16 | .00 | 16 | .00 |
| 17 Penalty after April 15 (see instructions) | 17 | .00 | 17 | .00 |
| 18 Interest after April 15 (see instructions) | 18 | .00 | 18 | .00 |
| 19 TOTAL PAYMENT DUE (Payable to "BEITB") | 19 | .00 | 19 | .00 |

Under penalties of perjury, I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

| | | | |
|----------------------|----------------------|---------------------------|-------------------------|
| TAXPAYER A SIGNATURE | TAXPAYER B SIGNATURE | DATE | TELEPHONE NUMBER |
| PREPARER'S NAME | PREPARER'S COMPANY | PREPARER'S E-MAIL ADDRESS | PREPARER'S PHONE NUMBER |

2024 Proration Worksheet

(This worksheet must be completed if you moved during the year.)

| | | | | |
|--|---------------------------|---|-----------|---------|
| TAXPAYER A | NAME: | LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: | | |
| If you have moved during the tax year, list the address(es) and month(s) below: (Enclose separate sheet for more than 2 addresses) | | | | |
| Address/City/State/Zip | City/Township/ Borough | Resident 6- Digit PSD Code | Date From | Date To |
| (I) | | | | |
| (II) | | | | |

| Proration Worksheet | Taxpayer A | |
|---|------------|------------|
| | Address I | Address II |
| 1. Gross Compensation as Reported on W-2(s) | | |
| 2. Unreimbursed Employee Business Expenses | | |
| 3. Other Taxable Income | | |
| 4. Total Taxable Earned Income | | |
| 5. Net Profit | | |
| 6. Net Loss | | |
| 7. Total Taxable Net Profit | | |
| 8. Total Taxable Earned Income and Net Profit | | |
| 9. Total Tax Liability | | |
| 10. Total Local Income Tax Withheld as Reported on W-2(s) | | |

| | | | | |
|--|---------------------------|---|-----------|---------|
| Taxpayer B | NAME: | LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: | | |
| If you have moved during the tax year, list the address(es) and month(s) below: (Enclose separate sheet for more than 2 addresses) | | | | |
| Address/City/State/Zip | City/Township/ Borough | Resident 6- Digit PSD Code | Date From | Date To |
| (I) | | | | |
| (II) | | | | |

| Proration Worksheet | Taxpayer B | |
|---|------------|------------|
| | Address I | Address II |
| 1. Gross Compensation as Reported on W-2(s) | | |
| 2. Unreimbursed Employee Business Expenses | | |
| 3. Other Taxable Income | | |
| 4. Total Taxable Earned Income | | |
| 5. Net Profit | | |
| 6. Net Loss | | |
| 7. Total Taxable Net Profit | | |
| 8. Total Taxable Earned Income and Net Profit | | |
| 9. Total Tax Liability | | |
| 10. Total Local Income Tax Withheld as Reported on W-2(s) | | |