

PARKLAND SCHOOL DISTRICT  
EARNED INCOME TAX OFFICE

P.O. BOX 200  
OREFIELD, PA 18069-0200

PHONE 610-351-5570

FOR CALENDAR YEAR **2003**

**FINAL INDIVIDUAL EARNED INCOME TAX RETURN**

(File this return with the Income Tax Officer on or before **April 15, 2004**. Any balance of tax (ITEM 8) shall be paid in full with return.)

IF YOU HAVE MOVED WITHIN THE ABOVE YEAR, PLEASE COMPLETE THIS SECTION.

CURRENT ADDRESS \_\_\_\_\_ DATE MOVED \_\_\_\_\_  
FORMER ADDRESS \_\_\_\_\_ DATE MOVED \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT NO. (PLEASE CORRECT IF NECESSARY) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

RESIDENT MUNICIPALITY \_\_\_\_\_

(PLEASE MAKE ANY NECESSARY CORRECTIONS)

(1) ENTER YOUR GROSS EARNINGS AS REPORTED ON FORM W2(s)  
PRINT EACH EMPLOYER'S NAME AND LOCAL ADDRESS

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

IF MORE SPACE  
NEEDED PLEASE  
ATTACH A  
SEPARATE SHEET

**A COPY OF FORM W-2 AND/OR 1099 FOR EACH EMPLOYER MUST BE ATTACHED**

(1A) LESS UNREIMBURSED BUSINESS EXPENSES, IF ANY, AS REPORTED ON **FORM PA UE**

**A COPY OF PA FORM UE MUST BE ATTACHED**

(1B) ENTER TOTAL HERE \$ \_\_\_\_\_

(2) LESS NET LOSS FROM BUSINESS OR PROFESSION FROM **FORM PA 40 SCHEDULE C, F, OR RK-1** \_\_\_\_\_ \$ \_\_\_\_\_

(2A) ENTER TOTAL HERE (1B LESS 2) - **IF LESS THAN ZERO, ENTER ZERO** \_\_\_\_\_ \$ \_\_\_\_\_

(2B) NET PROFIT FROM BUSINESS OR PROFESSION FROM **FORM PA 40 SCHEDULE C, F, OR RK-1** \_\_\_\_\_ \$ \_\_\_\_\_

**A COPY OF ALL SCHEDULES MUST BE ATTACHED** (3) TOTAL TAXABLE INCOME (ITEM 2A PLUS 2B) \_\_\_\_\_ \$ \_\_\_\_\_

(4) **YOUR TAX (1% OF LINE 3)** \_\_\_\_\_ \$ \_\_\_\_\_

(5) AMOUNT PAID:

(A) BY WITHHOLDING FROM YOUR WAGES \$ \_\_\_\_\_

(B) BY PAYMENTS ON YOUR ESTIMATED TAX \$ \_\_\_\_\_

(C) BY PAYMENTS TO OTHER STATE OR POLITICAL SUBDIVISION OUTSIDE OF PENNSYLVANIA. \$ \_\_\_\_\_

SEE REVERSE SIDE, ITEM B6, FOR INSTRUCTIONS

(ITEM 5D) ENTER TOTAL OF 5A, 5B, AND 5C HERE \_\_\_\_\_ \$ \_\_\_\_\_

(6) IF YOUR PAYMENTS (ITEM 5D) ARE LARGER THAN YOUR TAX (ITEM 4) ENTER **OVERPAYMENT** HERE \_\_\_\_\_ \$ \_\_\_\_\_

CHECK (X) IF YOU WANT THIS OVERPAYMENT REFUNDED TO YOU  OR CREDITED TO YOUR **2004** ESTIMATED TAX.

(7) IF YOUR TAX (ITEM 4) IS LARGER THAN (ITEM 5D) ENTER **BALANCE OF TAX DUE** HERE \_\_\_\_\_ \$ \_\_\_\_\_

(7A) AFTER APRIL 15 ADD 1% INTEREST AND PENALTY CHARGES PER MONTH OF AMOUNT ON LINE 7 \_\_\_\_\_ \$ \_\_\_\_\_

SEE REVERSE SIDE, B4, IF AN IRS EXTENSION HAS BEEN FILED.

(8) TOTAL PAYMENT DUE WITH THIS RETURN (LINE 7 PLUS LINE 7A) **MAKE CHECKS PAYABLE TO "PARKLAND SCHOOL DISTRICT"** \_\_\_\_\_ \$ \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ALL ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

**THIRD PARTY** DO YOU WANT TO ALLOW ANOTHER PERSON TO DISCUSS THIS RETURN WITH THE PARKLAND TAX OFFICE  YES  NO

**DESIGNEE** DESIGNEE'S NAME \_\_\_\_\_ PHONE NO. (\_\_\_\_\_) \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF TAXPAYER \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING IF PREPARED BY OTHER THAN TAXPAYER

DATE OF PREPARATION \_\_\_\_\_

NAME / COMPANY OF PREPARER \_\_\_\_\_

SIGNATURE OF PREPARER \_\_\_\_\_

ADDRESS \_\_\_\_\_

**THIS FORM MUST BE FILED WHETHER YOUR TAX HAS BEEN WITHHELD OR NOT**

ATTACH W-2(S) HERE

ATTACH PAYMENT HERE