

PARKLAND SCHOOL DISTRICT EARNED INCOME TAX OFFICE

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

PHONE 610-351-5570

FOR CALENDAR YEAR 2005

FINAL INDIVIDUAL EARNED INCOME TAX RETURN

(File this return with the Income Tax Officer on or before April 15, 2006. 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

(PLEASE MAKE ANY NECESSARY CORRECTIONS)

NAME ACCOUNT NO. (PLEASE CORRECT IF NECESSARY)

ADDRESS OCCUPATION

RESIDENT MUNICIPALITY

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

Multiple lines for entering gross earnings with dollar signs and decimal points.

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

(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 2006 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