

HANOVER AREA EARNED INCOME TAX BUREAU
FINAL RETURN WAGE AND PROFITS TAX

LIST NUMBER OF MONTHS LIVED IN THE APPLICABLE TOWNSHIP OR BOROUGH OR BOTH DURING 2009				OFFICE USE ONLY	
1. PENN:	W. MANHEIM:	MANHEIM:	HAN. BORO.		
2. LIST EACH EMPLOYER'S NAME AND WAGES EARNED		W2-Use STATE Wage	Total STATE Wages Use Box 16 on W2		Local Taxes withheld Use Box 19 on W2
a.					
b.					
c.					
3.		TOTAL			

4. NAME AND ADDRESS

5. SOCIAL SECURITY NO.

IF YOUR SOCIAL SECURITY NO. IS INCORRECT
PLEASE MAKE NECESSARY CHANGES

6. Wages reported on line 3 of this return	\$
7. Total taxable earned income (bonuses, tips and other compensations) not reported on line 3	
8. Net profits or loss from business (PA 40 Sch. C)	Enclose Copy
9. Net profits or loss from farming (PA 40 Sch. F)	Enclose Copy
10. Net profits or loss from partnership (PA 40 Sch. RK-1)	Enclose Copy
11. Total (Sum of lines, 6, 7, 8, 9 and 10) SCH C, F, & RK1 LOSSES MAY NOT OFFSET EARNED INCOME	\$
(a): Less expenses not previously deducted under lines 8, 9, and 10 (see instructions).	PA Sch. UE (Enclose Copy)
12. Total amount taxable SCH C, F, & RK1 LOSSES MAY NOT OFFSET EARNED INCOME	\$
13. Tax at one percent (1%) of line 12	\$
14. Credits:	
(a) Taxes withheld - as shown on line 3	A. \$
(b) Payments on Estimated tax	B. \$
15. If your tax (line 13) is larger than your payment (line 14) enter unpaid balance due here	
16. If your payments (line 14) are larger than your tax (line 13) enter overpayment here	
ALLOW (8) EIGHT WEEKS FOR PROCESSING REFUNDS	

EXEMPTION CERTIFICATE

I certify that I am no longer a legal resident of Penn, W. Manheim, Manheim Twps. or Hanover Borough. My Address is:

Which is in (Twp. or Boro) _____ I have been a resident of this address since (date) _____

My former address was: _____

RETURN IS DUE ON OR BEFORE APRIL 15, 2010
Please make checks payable to: WAGE TAX COLLECTOR

I declare under the penalties provided by law that this return has been examined by me and to the best of my knowledge and belief is a true and correct return.

17. Dated _____ Signature of Taxpayer _____

Signature of Preparer _____ Taxpayer Phone Number _____