

Please staple W-2 Forms and checks to the **BACK** of return in this corner.

**State College Area School District and Harris Township
FINAL EARNED INCOME AND NET PROFITS TAX RETURN***

Tax Year 2010 Return Due Date, 04/15/2011

T S T S T S
 Unemployed Non-Resident Part Year Resident
 Retired Deceased T=Taxpayer S=Spouse

If you are filing as a Non-Resident or Part-Year Resident, please see instructions for additional documentation to be attached.

If you moved during the tax year, please provide each address where you lived for the tax year and complete the part-year resident worksheet.

Dates	(Complete address)
/ / to / /	
/ / to / /	
/ / to / /	

Current Name and Address	Social Security Number (Taxpayer)	Social Security Number (Spouse)
Return form, supporting documentation & payment to:	Harris Township - Tax Office PO Box 20, 224 East Main Street Boalsburg, PA 16827	
Website:	www.harristownship.org	
Office Hours: 8:00 a.m. - 12:00 p.m. and 12:30 - 4:15 p.m. M-F	Phone: (814) 466-6228	

Two-income couples may each file separately on this form. However tax calculations must be entered in separate columns. Taxpayers must provide verification of earned income/expense items as indicated below with this return.

	TAXPAYER	SPOUSE
1. Earned Income/Compensation (Box 18) (Attach W-2) (See Reverse Side)	1	
2. Less Allowable Business Expenses (Attach PA UE Forms)	2	
3. TOTAL Earned Income & Compensation (Line 1 minus Line 2)	3	
4. Net Effect of Profits From Business, Profession, Farm (Attach Documentation) Loss = 0	4	
5. TOTAL Taxable Earned Income/Compensation & Net Profits (Line 3 plus Line 4.)	5	
6. Calculation of Tax - Multiply Line 5 by 1.45% (Resident) or .5% (Non-Resident, see instructions)	6	
7. Tax Credits:		
a. Tax Withheld by Employer (Box 19 from W-2 form)	7a	
b. Quarterly Tax Payments	7b	
c. Prior Year Overpayment	7c	
d. Credit for tax paid to other states (complete & attach Sch G & copy of non-PA return)	7d	
e. TOTAL (Add Lines a, b c & d.)	7e	
8. Overpayment (If Line 7 e. is greater than Line 6-Amounts less than \$2 will not be refunded or credited.)		
a. Refund (No refund will be processed without complete documentation.)	8a	
b. Credit to Next Year (No credit will be processed without complete documentation.)	8b	
9. Unpaid Tax Balance (If Line 7 e. is less than Line 6 enter amount due.)	9	
10. Penalty & Interest (1% per month of Line 9 if taxes are paid after April 15. Additional charges will be assessed for failure to make proper quarterly tax payments.)	10	
11. TOTAL Payment Due (Line 9 plus Line 10.) NO PAYMENTS UNDER \$2.00 ARE REQUIRED	11	
12. If paying jointly, enter amount enclosed. (A payment due & a credit balance may be combined.)	12	

SIGN YOUR RETURN. Under penalties of perjury I (we) have examined this return, and to the best of my (our) belief it is true, correct and complete.
 Has your state or federal income been changed as a result of an audit in the past 3 years? YES or NO

 Taxpayer Signature Date Phone Number Are you a student? Please circle: Full-time Part-Time None

 Spouse's Signature Date Phone Number Are you a student? Please circle: Full-Time Part-Time None

 Preparer's Name Date Phone Number Signature of Preparer

EMPLOYER'S NAME	TAXPAYER				SPOUSE			
	GROSS EARNED INCOME		TAX WITHHELD		GROSS EARNED INCOME		TAX WITHHELD	
1								
2								
3								
4								
5								
6								
TOTAL (ENTER ON LINE 1)								

ENCLOSE A W-2 FORM FOR EACH EMPLOYER

OTHER TAXABLE INCOME
NET EFFECT OF PROFITS (LOSSES) FROM BUSINESS, PROFESSION, FARM

DESCRIPTION	TAXPAYER		SPOUSE	
FORM 1099				
SCHEDULE C				
SCHEDULE C				
SCHEDULE C				
SCHEDULE F				
SCHEDULE F				
SCHEDULE F				
MISC EARNED INCOME (FORM 1065 PARTNERSHIP (K-1))				
MISC EARNED INCOME (PATENTS, FEES, HONORARIA, ETC)				
Two-income couples may each file separately on this form. However tax calculations must be entered in separate columns.				
Taxpayers must provide verification of earned income/expense items as indicated with this return.				
TOTAL (ENTER ON LINE 4, ENCLOSE ALL SCHEDULES & DOCUMENTATION)				

Totals cannot be combined

Total Taxpayer

Total Spouse

Taxpayer's Total Schedule Income cannot be netted against Spouse's Total Schedule Income.

If Total Schedule Income is equal to or greater than zero, enter that amount on line 4 on the front of the return.

If Total Schedule Income is negative, enter zero on line 4 on the front of the return.

The State College Area School District
Taxpayers Bill of Rights Notice

You are entitled to receive a written explanation of your rights with regard to the assessment, audit, appeal, enforcement, refund, and collection of certain municipal/school taxes. The written explanation is entitled *Taxpayers Bill of Rights Disclosure Statement*. Upon receiving a request from you, the tax office will give you a copy of the Disclosure Statement at no charge. You may request a copy in person, or by mailing a request to the address indicated on the front of the return.