



# Keystone Collections Group

546 Wendel Road  
Irwin, PA 15642  
(724) 978-0300



## 2009 Earned Income Tax Return

RESIDENT OF MUNICIPALITY: \_\_\_\_\_

- \* RETURN MUST BE FILED ON THIS FORM. No substitutions accepted.
- \* THIS IS NOT A JOINT RETURN. You must enter information for each individual in correct column.

Check here if PART-YEAR RESIDENT  
Enclose copies of other municipal returns.

Resident of \_\_\_\_\_ above municipality  
from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Income reported to other township or borough  
in 2009 \$ \_\_\_\_\_

Name  
Address  
City  
State  
&  
Zip

**DUE DATE: 04/15/2010**

**DO NOT STAPLE ANY ITEMS TO THIS RETURN  
DO NOT USE RED INK.**

Provide Home Phone --

Note all corrections/additions to SSN, name or address  
and check box here.

INDIVIDUAL Tax Return. DO NOT combine spousal incomes.

FILER NAME:

(Last, First)

Social Security # - Filer

SPOUSE NAME:

(Last, First)

Social Security # - Spouse

1. Gross State Earnings as Reported on W-2/1099. Enclose copies with this form ....	1	<input type="text"/>	1	<input type="text"/>
2. Less: Allowable Employee Business Expenses. (Submit Pennsylvania Forms UE-1 or UE-2 .....	2	<input type="text"/>	2	<input type="text"/>
3. Taxable W-2/1099 Earnings (Line 1 minus line 2) .....	3	<input type="text"/>	3	<input type="text"/>
4. Net Profits from Business, Profession or Farm (Submit PA Schedule C, F, RK-1 or 20-S) .....	4	<input type="text"/>	4	<input type="text"/>
Non Taxable S-Corp Earnings (check box) <input type="checkbox"/>				
5. Net Loss from Business, Profession or Farm (Submit PA Schedule C, F, RK-1 or 20-S) .....	5	<input type="text"/>	5	<input type="text"/>
Non Deductible S-Corp Losses (check box) <input type="checkbox"/>				
6. Subtotal (Line 4 minus line 5) IF LESS THAN ZERO, ENTER ZERO .....	6	<input type="text"/>	6	<input type="text"/>
7. Total Earned Income and Net Profits (Line 3 plus line 6) .....	7	<input type="text"/>	7	<input type="text"/>
8. Tax Liability: Line 7 multiplied by tax rate of (Tax Rate) .....	8	<input type="text"/>	8	<input type="text"/>
9. Earned Income Tax Withheld by Employer (Per W-2) .....	9	<input type="text"/>	9	<input type="text"/>
10. Estimated Payments or Credits Applied (Direct payment made by you and/or credits from prior year) .....	10	<input type="text"/>	10	<input type="text"/>
11. Miscellaneous Credits Philadelphia Credit (check box) <input type="checkbox"/> (see instructions) Out of State Credit (check box) <input type="checkbox"/>	11	<input type="text"/>	11	<input type="text"/>
12. Total of 9 + 10 + 11 .....	12	<input type="text"/>	12	<input type="text"/>
13. REFUND/CREDIT (Line 12 minus line 8) IF \$ 1.00 OR MORE, enter amount & check box below. INCLUDE PA-40 INFO...SEE INSTRUCTIONS <input type="checkbox"/> Credit to spouse <input type="checkbox"/> Credit to next year <input type="checkbox"/> Refund	13	<input type="text"/>	13	<input type="text"/>
14. TAX DUE (Line 8 minus line 12) OMIT IF LESS THAN \$1.00 .....	14	<input type="text"/>	14	<input type="text"/>
15. Interest & Penalty .....	15	<input type="text"/>	15	<input type="text"/>
16. TOTAL AMOUNT DUE (Line 14 + 15) Enter on line 16 and 17 .....	16	<input type="text"/>	16	<input type="text"/>

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

▲ WRITE EACH ACCOUNT TOTAL ON LINES 16 & 17 ▲

For Office Use ONLY:  NPA  NW<sub>2</sub>  ND  CK \_\_\_\_\_

