

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

**State College Area School District and Halfmoon 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:	Halfmoon Township EIT Office PO Box 437 State College, PA 16804-0437 Phone: (814) 278-4706 243 S Allen St; State College 16801	
If you have questions call:	100 Municipal Ln; Port Matilda 16870	
Office Location:	Field Office Location:	
Office Hours: 8 a.m. - 5 p.m. M-F (call for special tax season hours)	Field Office Hours: Please call for special field office hours and dates.	

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)		
2. Less Allowable Business Expenses (Attach PA UE Forms)		
3. TOTAL Earned Income & Compensation (Line 1 minus Line 2)		
4. Net Effect of Profits From Business, Profession, Farm (Attach Documentation) Loss = 0		
5. TOTAL Taxable Earned Income/Compensation & Net Profits (Line 3 plus Line 4.)		
6. Calculation of Tax - Multiply Line 5 by 1.45% (Resident rate) or .5% (Non-Resident rate, see instructions)		
7. Tax Credits:		
a. Tax Withheld by Employer (Box 19 from W-2 form)		
b. Quarterly Tax Payments		
c. Prior Year Overpayment		
d. Credit for tax paid to other states (complete & attach Sch G & copy of non-PA return)		
e. TOTAL (Add Lines a, b c & d.)		
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.)		
b. Credit to Next Year (No credit will be processed without complete documentation.)		
9. Unpaid Tax Balance (If Line 7 e. is less than Line 6 enter amount due.)		
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.)		
11. TOTAL Payment Due (Line 9 plus Line 10.) NO PAYMENTS UNDER \$2.00 ARE REQUIRED		
12. If paying jointly, enter amount enclosed. (A payment due & a credit balance may be combined.)		

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	Current Employer	Occupation
Spouse's Signature	Date	Phone Number	Current Employer	Occupation
Preparer's Name	Date	Phone Number	Signature of Preparer	
TAX OFFICE COPY	*Filing this tax return does not constitute an appeal.		MAKE CHECKS PAYABLE TO - HALFMOON TOWNSHIP EIT OFFICE	

