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

State College Area School District and College Township

FINAL EARNED INCOME AND NET PROFITS TAX RETURN*

Tax Year 2008 **Return Due Date, 04/15/2009**

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

T	S		T	S		T	S	
☐	☐	Unemployed	☐	☐	Non-Resident	☐	☐	Part Year Resident
☐	☐	Retired	☐	☐	Deceased			

T=Taxpayer S=Spouse

If you moved during this tax year, please provide:

Previous Address _____

Current Address _____

Date Moved Mo._____ Day _____ Yr. _____

Current Name and Address

Social Security Number (Taxpayer)

Social Security Number (Spouse)

Return form, supporting documentation & payment to:
College Township Tax Office
1481 E. College Ave.
State College, PA 16801

If you have questions call: **Phone: (814) 231-3021**

Web-site: www.collegetownship.govoffice.com

Office Hours: 8 a.m. - 5 p.m. M-F (call for tax season special hours)

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, 1099 Misc. Forms.) **(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% or .0145				
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 - COLLEGE TOWNSHIP TAX OFFICE

EMPLOYER'S NAME	TAXPAYER GROSS EARNED INCOME	TAXPAYER TAX WITHHELD	SPOUSE GROSS EARNED INCOME	SPOUSE 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
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 below 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.

College Township and 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.