

Return this form with supporting documentation attached to the back of the return by **April 15, 2015**. (Enclose payments, do not attach)

**CENTRE TAX AGENCY 2014 LOCAL EARNED INCOME TAX RETURN**

PO BOX 437, STATE COLLEGE PA 16804-0437 Phone: (814) 278-4709

Physical address: 243 S Allen St, State College PA 16801

WEBSITE: WWW.STATECOLLEGEPA.US

Hours: 8 am - 5 pm (call for special hours during tax season)

FOR ELECTRONIC FILING

CHECK HERE IF YOU MOVED DURING THIS TAX YEAR. PROVIDE EACH PHYSICAL ADDRESS FOR TAX YEAR.  
 \*\*\* FIRST COMPLETE THE PART-YEAR RESIDENT WORKSHEET IF YOU LIVED WITHIN MORE THAN ONE MUNICIPALITY. WORKSHEET LOCATED ON WEBSITE.

Dates	Physical Address [No PO Box, RR or RD] include temporary addresses
/ / to / /	
/ / to / /	
/ / to / /	

<b>Current Name and Address (if different please change)</b>	Electronic PIN:		
	Social Security #		
		Taxpayer	Spouse
Resident PSD Code:			
		Amended Return	<input type="checkbox"/>
		Non- Resident Return	<input type="checkbox"/>
<b>Non-resident return, see instructions, Line 6</b>			

WWW.STATECOLLEGEPA.US FOR ELECTRONIC FILING		Taxpayer	Spouse
Two-income couples may both file on this form, order of names is not pertinent.	If you had <b>NO EARNED INCOME</b> circle the reason why:	Disabled Homemaker Unemployed Active Duty Military	Deceased Retired
Tax calculations must be entered in separate columns. Taxpayers must provide verification of earned income/expense items as indicated below with this return.		Disabled Homemaker Unemployed Active Duty Military	Deceased Retired

	Round to the whole dollar		Round to the whole dollar	
1. Earned Income/Compensation (Box 18 from W-2 form or amount from proration worksheet) (Attach W-2)	1	00		00
2. Less Allowable Business Expenses (Attach PA UE Forms)	2	00		00
3. TOTAL Earned Income & Compensation (Line 1 minus Line 2)	3	00		00
4. Net Effect of Profits From Business, Profession, Farm (Attach Documentation) Loss = 0	4	00		00
5. TOTAL Taxable Earned Income/Compensation & Net Profits (Line 3 plus Line 4.)	5	00		00
6. Calculation of Tax: a. Multiply Line 5 by proper tax rate (see reverse side) RATE: _____ *** OR b. Insert calculated amount from proration worksheet	6a	00		00
	6b	00		00
7. Tax Credits: a. Tax Withheld by Employer (Box 19 of W-2 or amount from proration worksheet) b. Quarterly Tax Payments c. Prior Year Overpayment (unless refunded) d. Credit for tax paid to other states (Attach Sch G & required copies ) e. TOTAL (Add Lines a, b, c & d)	7a	00		00
	7b	00		00
	7c	00		00
	7d	00		00
	7e	00		00
8. Overpayment (If Line 7e is greater than Line 6a or 6b-AMOUNTS \$1.00 OR LESS WILL NOT BE REFUNDED) a. <input type="checkbox"/> Credit to Next Year <input type="checkbox"/> Credit to Spouse (No credit will be processed without complete documentation.) b. Refund (No refund will be processed without complete documentation.) <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit		00		00
	8a	00		00
	8b	00		00

Direct Deposit Information	Taxpayer,	Checking or		
Name of Bank	Spouse, Both	Savings Acct	ROUTING NO.	ACCOUNT NUMBER

9. Unpaid Tax Balance (If Line 7e is less than Line 6a or 6b enter amount due.)	9	00		00
a. Minus Credit Amount from Spouse	9a	00		00
10. Penalty & Interest (1% per month of Line 9 minus 9a if taxes are paid after April 15). It should be noted that individuals who have failed to make quarterly self-payments sufficient to meet their tax obligations are subject to additional charges.	10	00		00
11. TOTAL Payment Due (Line 9 plus Line 10.) <b>NO PAYMENTS OF \$1.00 OR LESS ARE REQUIRED</b>	11	00		00
12. If paying combined, 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 No  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Are you a student? Please circle: Full-time Part-Time No

Preparer's Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Signature of Preparer \_\_\_\_\_

EMPLOYER'S NAME	TAXPAYER				SPOUSE			
	LOCAL GROSS WAGES		LOCAL TAXES WITHHELD		LOCAL GROSS WAGES		LOCAL TAX WITHHELD	
1		00		00		00		00
2		00		00		00		00
3		00		00		00		00
4		00		00		00		00
5		00		00		00		00
6		00		00		00		00
<b>TOTAL (ENTER ON LINE 1)</b>		00		00		00		00

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 (Interest and Dividend Income Non-taxable)	00	00
FORM 1099 (Interest and Dividend Income Non-taxable)	00	00
FORM 1099 (Interest and Dividend Income Non-taxable)	00	00
SCHEDULE C	00	00
SCHEDULE C	00	00
SCHEDULE C	00	00
SCHEDULE E (Royalties Taxable, Rental Income Non-taxable)	00	00
SCHEDULE E (Royalties Taxable, Rental Income Non-taxable)	00	00
SCHEDULE F	00	00
SCHEDULE F	00	00
SCHEDULE K-1 (PA S Corp Non-taxable)	00	00
SCHEDULE K-1 (PA S Corp Non-taxable)	00	00
MISC EARNED INCOME (PATENTS, FEES, HONORARIA, ETC)	00	00
MISC EARNED INCOME (PATENTS, FEES, HONORARIA, ETC)	00	00
MISC EARNED INCOME (PATENTS, FEES, HONORARIA, ETC)	00	00
Taxpayer's Total Schedule Income cannot be netted against Spouse's Total Schedule Income.		
Taxpayers must provide verification of earned income/expense items as indicated with this return.		
<b>Total (ENTER ON LINE 4, IF NEGATIVE ENTER ZERO, ENCLOSE ALL SCHEDULES &amp; DOCUMENTATION)</b>	<b>00</b>	<b>00</b>

Totals cannot be combined

Total Taxpayer

Total Spouse

**Centre Tax Agency**

**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 in a separate envelope to the address indicated on the front of the return.

**TAX RATES AND PSD CODES FOR MUNICIPALITIES COLLECTED BY CENTRE TAX AGENCY**

BALD EAGLE AREA SD	PSD CODE	Resident/Non-resident rate	BELLEFONTE SD	PSD CODE	Resident/Non-resident rate	STATE COLLEGE SD PSD CODE	Resident/Non-resident rate
BOGGS TWP	140101	2.55% 0.5%	BELLEFONTE BORO	140201	1.65% 1.0%	BENNER IND TWP PSD 140401	1.45% 0.5%
BURNSIDE TWP	140102	2.55% 0.5%	BENNER TWP	140202	1.55% 0.5%		
HOWARD BORO	140103	2.55% 0.5%	MARION TWP	140203	1.55% 0.5%	COLLEGE TWP PSD 140402	1.45% 1.0%
HOWARD TWP	140104	2.55% 0.5%	SPRING TWP	140204	1.55% 0.5%		
HUSTON TWP	140105	2.55% 0.5%	WALKER TWP	140205	1.55% 0.5%	FERGUSON TWP PSD 140403	2.35% 1.0%
MILESBURO BORO	140106	2.55% 0.5%	<b>PENNS VALLEY SD</b>				
PORT MATILDA BORO	140107	2.55% 0.0%	CENTRE HALL BORO	140301	1.80% 0.5%	HALFMOON TWP PSD 140404	1.45% 0.5%
SNOW SHOE BORO	140108	2.55% 0.5%	GREGG TWP	140302	1.80% 0.5%		
SNOW SHOE TWP	140109	2.55% 1.0%	HAINES TWP	140303	1.80% 0.5%	HARRIS TWP PSD 140405	1.45% 1.0%
UNION TWP	140110	2.55% 1.0%	MILES TWP	140304	1.80% 0.5%		
UNIONVILLE BORO	140111	2.55% 1.0%	MILLHEIM BORO	140305	1.80% 0.5%	PATTON TWP PSD 140406	1.45% 1.0%
WORTH TWP	140112	2.55% 0.0%	PENN TWP	140306	1.80% 0.5%		
			POTTER TWP	140307	1.80% 0.5%	STATE COLLEGE BORO PSD 140407	2.25% 1.0%