

Danville Area Earned Income Tax Office

24 E. Mahoning St., PO Box 52
 Danville, PA 17821
 (570)275-4720 fax: (570)275-4755
 danveito@ptd.net www.danveito.com

FORM: CLGS-32 (8/12)

**TAXPAYER ANNUAL
 LOCAL EARNED INCOME TAX RETURN**

EXTENSION AMENDED RETURN Tax Year **2012**

**If you have relocated during the tax year, please supply additional information.*

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
/ / TO / /				
/ / TO / /				
/ / TO / /				

***See Instructions**

RESIDENT PSD CODE	TAXPAYER'S PHONE #	TAXPAYER'S SOCIAL SECURITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPOUSE'S SOCIAL SECURITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TAXPAYER'S EMAIL		If you had NO EARNED INCOME, check the reason why: <input type="checkbox"/> DISABLED DATE _____ <input type="checkbox"/> DECEASED DATE _____ <input type="checkbox"/> RETIRED DATE _____	If you had NO EARNED INCOME, check the reason why: <input type="checkbox"/> DISABLED DATE _____ <input type="checkbox"/> DECEASED DATE _____ <input type="checkbox"/> RETIRED DATE _____
The amounts reported must correspond to the individuals social security number printed in each column. Combining income is NOT permitted.			
1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) 1.		.00	.00
DO NOT USE BOX 1 FEDERAL WAGES.			
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) 2.	-	.00	.00
3. Other Taxable Earned Income * 3.		.00	.00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3) 4.		.00	.00
5. Net Profit (Enclose PA Schedules*) 5.		.00	.00
NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>			
6. Net Loss (Enclose PA Schedules*) 6.	-	.00	.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . . 7.		.00	.00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) 8.		.00	.00
9. Total Tax Liability (Line 8 multiplied by EIT rate of 1.65%) 9.		.00	.00
10. Total Local Earned Income Tax Withheld as Reported on W-2(s) 10.		.00	.00
11. Quarterly Estimated Payments/Credit From Previous Tax Year 11.		.00	.00
12. Miscellaneous Tax Credits 12.		.00	.00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12) 13.		.00	.00
14. Refund IF MORE THAN \$1.00, enter amount, or select option in 15 (line 13 minus line 9) 14.		.00	.00
15. Credit Taxpayer/Spouse (Amount of Line 14 you want to transfer to your account) . . 15.		.00	.00
<input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse			
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) 16.		.00	.00
17. Penalty after April 15* (multiply Line 16 by % rate per instructions) 17.		.00	.00
18. Interest after April 15* (multiply Line 16 by % rate per instructions) 18.		.00	.00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) Payable to: DAEITO 19.		.00	.00

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

TAYPAYER'S SIGNATURE	OCCUPATION	DATE (MM/DD/YYYY)
SPOUSE'S SIGNATURE	OCCUPATION	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE	PREPARER'S PHONE NUMBER	