

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

e-file at efile.KeystoneCollects.com

Tax Year **2021**

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

If you moved during the tax year, file one return for each municipality (enter PSD Code for each jurisdiction).

LAST NAME, FIRST NAME, MIDDLE INITIAL			
STREET ADDRESS (No PO box, RD or RR)		COUNTY	
SECOND LINE OF ADDRESS		SCHOOL DISTRICT	
CITY OR POST OFFICE	STATE	ZIP CODE	MUNICIPALITY
DAYTIME PHONE NUMBER [] [] [] - [] [] [] - [] [] [] []	RESIDENT PSD CODE	NON-RESIDENT <input type="checkbox"/> Check box if you are subject to the non-resident tax (commuter tax) at your PA employment location.	

Make check payable to **Keystone Collections Group**
Write last four digits of Social Security Number on check
There is a \$29 bank fee for returned checks



Social Security #

[] [] [] [] [] [] [] [] [] []

If you had **NO EARNED INCOME** check the reason why:

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> disabled | <input type="checkbox"/> student |
| <input type="checkbox"/> deceased | <input type="checkbox"/> military |
| <input type="checkbox"/> homemaker | <input type="checkbox"/> retired |
| <input type="checkbox"/> unemployed | |

USE ONLY BLUE OR BLACK INK TO COMPLETE THIS FORM

1. Gross compensation as reported on W-2(s) (enclose W-2s)								.00
2. Unreimbursed Employee Business Expenses (enclose PA Schedule UE)								.00
3. Other Taxable Income (see Instructions; enclose supporting documents)								.00
4. Total Taxable Income (subtract Line 2 from Line 1 and add Line 3)								.00
5. Net Profits (enclose PA Schedules)								.00
NON-TAXABLE S-CORP earnings check this box <input type="checkbox"/> (enclose S-Corp Schedule)								
6. Net Loss (enclose PA Schedules)								.00
7. Total Taxable Net Profit (subtract Line 6 from Line 5; if less than zero, enter zero)								.00
8. Total Taxable Income and Net Profit (add Line 4 and Line 7)								.00
9. Tax Liability (Line 8 multiplied by)								.00
10. Income Tax Withheld (may not equal W-2; see Instructions)								.00
11. Quarterly and Extension Payments/Credit From Previous Year								.00
12. Credits: <input type="checkbox"/> Out-of-State <input type="checkbox"/> Philadelphia <input type="checkbox"/> Act 172								.00
13. PAYMENTS and CREDITS (add Lines 10, 11, and 12)								.00
14. Refund: enter if \$2 or more; or select credit option in Line 15								.00
15. Credit to Taxpayer/Spouse (this option is not available for late-filed returns)								.00
16. TAX BALANCE DUE (Line 9 minus Line 13)								.00
17. Penalty after due date (see enclosed tax compliance notice)								.00
18. Interest after April 15 (multiply Line 16 by 0.0025 x number of months late)								.00
19. Act 192 Cost - filed after statutory deadline (see tax compliance notice on reverse side)							2 5	.00
20. TOTAL PAYMENT DUE (add Lines 16, 17, 18 and 19; minus Line 14)								.00

Do not photocopy or print more than one W-2 or Form 1099 on the same page.

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

YOUR SIGNATURE	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME AND SIGNATURE	

Amount enclosed

[] [] [] [] [] [] [] [] [] [] .00

Make check payable to
Keystone Collections Group



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