ZIP

EARNED INCOME TAX RETURN - PAST DUE

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.

STREET ADDRESS (No PO Box, RD or RR)

e-file at efile.KeystoneCollects.com

DATES LIVING AT EACH ADDRESS

Tax Year 2024

CITY OR POST OFFICE

/ / TO / /												
/ / TO / /				h		Constant Control of the Park	١					
LACT NAME FIRST NAME MIDDI		g the tax year, file <u>one</u>	<u>e</u> return for <u>each</u>	<u>n</u> municipality (enter PSD Code	for each jurisdiction).					
LAST NAME, FIRST NAME, MIDDL	.E INITIAL											
STREET ADDRESS (No PO box, RD or RR)												
SECOND LINE OF ADDRESS SCHOOL DIST							ICT					
CITY OR POST OFFICE STATE ZIP CODE MUNICIPALIT							ΓΥ					
DAYTIME PHONE NUMBER RESIDENT PSD CODE NON-RESIDENT Check box if you are subject to the non-resident tax (commuter tax) at your PA employment location.												
							Social Security #					
Make check payable to Keystone Collections Group Write last four digits of Social Security Number on check There is a \$29 hank fee for returned checks												
There is a \$25 barn received street.							If you had NO EARNED INCOME check the reason why:					
efile.KeystoneCollects.com							disabled student deceased military					
1105		DI AOK INK:	TO COMP		IO FORM		=	nemaker		=	etired	
	ONLY BLUE OR						une	mployed				
1. Gross compensation as reported on W-2(s) (enclose W-2s)								\rightarrow	\rightarrow			.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). NON-TAXABLE S-CORP earnings check this box (enclose S-Corp Schedule)												.00
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									J			.00
12.Credits: Out-of-State Philadelphia 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									<u> </u>			.00
15. Credit to Taxpayer/Spouse	(this option is not availab	ole for late-filed retu	ırns)									
16. TAX BALANCE DUE (Line 9 minus Line 13)								,	 			.00
17. Penalty after due date (see enclosed tax compliance notice)								\rightarrow	\rightarrow			.00
18. Interest after April 15 (multiply Line 16 by 0.00667 x number of months late)								+	- +			.00
19. Act 192 Cost - filed after statutory deadline (see tax compliance notice on reverse side)								+	+	2	5	.00
								,				.00
Do not photocopy or print more than of Under penalties of perjury, I de			including all ac	ccompanying				Amo	ount enclo	sea		00
schedules and statements and to the best of my belief, they are true, correct and complete.								Make	check paya	able to		.00
YOUR SIGNATURE			DATE (IVIIVI/E	(וווושכ)		-file	Key	stone C			roup	o
PREPARER'S PRINTED NAME AND) SIGNATURE					ystoneCollects.com	m	F	TF1			