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## TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

## LOWER MACUNGIE

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.

DATES LINKS OF EACH ADDRESS         OT THE ET ADDRESS IN PID BOX, RD or RN         CITY OR POST OFFICE         FA         180 62           TO         MACUNG IE         PA         180 62         Ifficiency	*If you have relocated during the tax year, please supply additional information.				Tax Year 20					
TO         "#you need additional gaose - plases are back of form.           LAST NAME, FIRST NAME, MIDDLE INITIAL CHAPARALA, VEINKATAS ITVARAM         SPOUSES LAST NAME, FIRST NAME, MIDDLE INITIAL           CITAY FIREE ADDRESS         STATE         ZIP CODE           CITY MACINS IE         STATE         ZIP CODE           DATIME FLORDER NAMER RD         RESIDENT PRD CODE         DATIME FLORDER NAME           DATIME FLORDER NAMER         RESIDENT PRD CODE         DATIME FLORDER NAMER           ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM         Social Security #         Spouse's Social Security #           If you had NO EARNED INCOME, Combining income is NOT permitted.         DATIME FLORDER INCOME, dealth of earoan why: commentation as Reported in the departs frait. Combining income is NOT permitted.         Social Security #         Spouse's Social Security #           If you had NO EARNED INCOME, dealth of earoan why: commentation as Reported on W-2(b); (Incluse W-2a)         G3182.00         0.00           ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM where dealth index of the reason why: commentation as Reported on W-2(b); (Incluse W-2a)         G3182.00         0.00           1. Gross Compensation as Reported on W-2(b); (Incluse W-2a)         G3182.00         0.00         0.00           3. Other Taxable Earned Income (shrinet Line 3 files than zero, enter zer				RR)	CITY OR POS	T OFFICE	STATE	ZIP		
"** pco. need additional ageor - plased see back of rom:           CHAPMER MIDUE FITTAL           CHAPMER ALLA: VERNATAS TYARAM           SPOUSES LAST NAME, FRIST NAME, MIDUE INITIAL           CHAPMER ALLA: VERNATAS TYARAM           SPOUSES LAST NAME, FRIST NAME, MIDUE INITIAL           CHAPMER ALL AST NAME, FRIST NAME, MIDUE INITIAL           STATE         ZP CODE           STATE         ZP CODE           DATIME PHONE NUMBER         RESIDENT PED CODE           CONDUCTOR         STATE         ZP CODE           NOTHE PHONE NUMBER         RESIDENT PED CODE         DATIME PHONE NUMBER         RESIDENT PED CODE           CONDUCTOR         CHAPTER TROPORED         NOTHER PHONE NUMBER           RESIDENT PED CODE         STATE         SOCIAL SCULUTY #           SOCIAL SCULUT PED LINE TO COMPLETE THIS FORM           Social Security #         Social Security #           Social Security #         Social Security #         Social Security #           Social Security #         Social Security #         So	01/01/20 TO 12/31/20	6690 HAUSE	IR RD		MACUNGIE		PA	18062		
LAST MARE, FIRST NAME, MIDDLE INITAL SPOUSE'S LAST NAME, MIDDLE INITAL INITAL INITAL INITIAL I	ТО									
CLAPARALA, VENIXATASTVARAM         GF00       FINEET ADDRESS         OTV       STATE       ZP CODE         SECOND LINE OF ADDRESS       PA       18062         OTV       STATE       PA       18062         DAYTAME PIONE NUMBER       RESIDENT PSD CODE       ANENDED RETURN       NON-RESIDENT         The calculations reported in the first column MUST pertain to the name printed in the colum, regardless of whether the number of wife appears inst. Combining income is NOT permitted.       Social Security #       Spouse's Social Socia			1					e see back of form.		
STREET ADDRESS (NP OB Que, ID or IRR)         GS00         AXXER         ZIP CODE           SECOND LINE OF ADDRESS         CTV         PA         ZIP CODE         18.062           CATURE PLONE NUMBER         RESIDENT PSD CODE         SATE ZATE         NON-RESIDENT         NON-RESIDENT           The calculations reported in the first column MUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain to the name printed in the column RUST pertain RUST per					SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL					
SECOND LINE OF ADDRESS       STATE       TIP CODE         CATV       STATE       PA       18 06 2         DATTIME PHONE NUMBER       INESTIGENT PSD CODE       ANENDED RETURN       NON-RESIDENT         The calculations reported in the first column MUST pertain to the name privide in the column, regardless of whether the husband or wide appears first. Combining income is NOT permitted.       Social Security #       Spuse's Social Security #         ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM       Social Security #       If you had NO EARNED INCOME. Combining income is NOT permitted.       Social Security #       If you had NO EARNED INCOME. Context for reason with: diabled       If you had NO EARNED INCOME. diabled	:									
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MACTING IF E       PA       18062         DAYTIME PHONE NUMBER       PESIDENT PSD COOE       AMINOED RETURN       NON-RESIDENT         The calculations reported in the first column MUST partain to the name printed in the colum. regardless of whether the nusband or w/s appears first.       Social Security #       Spocial Security #         ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM       Social Security #       Spocial Security #       Provide AN OE ARNEED INCOME, check the reason why: check the	SECOND LINE OF ADDRESS									
DAYTIME PHONE NUMBER       RESIDENT PSD CODE       AMENOED RETURN       NCN-RESIDENT         The calculations reported in the first column MUST pertain to the name printed in the column, megardies of whether the bustand or wife appears first. Combining income is MOT permitted.       Social Security #       Spouse's Social Security #         ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM       If you had NO EARNED INCOME. Check the reason why: Check th	СІТҮ									
Image: solution is the solution of the same printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted.       Social Security #       Social Security Social Security #       Social Sec	MACUNGIE				PA 18062					
The calculations reported in the first column MUST partain to the name printed in the column, regardless of whether the tubasition of write appears first. Combining income is NOT permitted.       If you had NO EARNED INCOME, check the reason why:         ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM       If you had NO EARNED INCOME, check the reason why:       If you had NO EARNED INCOME, check the reason why:         Idea black       Idea black       If you had NO EARNED INCOME, check the reason why:       If you had NO EARNED INCOME, check the reason why:         Idea black       Idea black       Idea black       Idea black       If you had NO EARNED INCOME, check whether the tubasition is to the name printed to deceased         I. Gross Compensation as Reported on W-2(s). (Enclose W-2s)       63182.00       0.00         2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)       0.00       0.00         3. Other Taxable Earned Income *       0.00       0.00       0.00         5. Nel Portit (Fickose PA Schedule?)       0.00       0.00       0.00         6. Net Loss (Enclose PA Schedule?)       0.00       0.00       0.00         7. Total Taxable Earned Income *       0.00       0.00       0.00         8. Total Taxable Earned Income and the Profit (Add Lines 4 and 7)       63182.00       0.00         9. Total Taxable Met Profit (Add Lines 4 and 7)       63182.00       0.00       0.00	DAYTIME PHONE NUMBER			EXTE		NDED RETURN	NON-RE			
Combining income is NOT permitted.       If you had NO EARNED INCOME.         ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM       Iduabled         If you had NO EARNED INCOME.       Iduabled <td>The calculations reported in the firs</td> <td>ertain to the name printed</td> <td></td> <td></td> <td></td> <td>Spouse's Socia</td> <td>I Security #</td>	The calculations reported in the firs	ertain to the name printed				Spouse's Socia	I Security #			
ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM       If you fails to Enclose the refease which the refease of which the refease which the referse which which which the referse which the refers which the refsec which the referse which the referse which the re										
ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM				If you hac che	NO EARNED INCO	ME, If ye	ou had NO EAF	RED INCOME, ason whv:		
X Single Married, Filing Jointy Married, Filing Separately Final Return*       homemaker       retired       homemaker       retired         1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)       63182.00       0.00         2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)       0.00       0.00         3. Other Taxable Earned Income *       0.00       0.00         4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)       63182.00       0.00         5. Net Profit (Enclose PA Schedules*)       0.00       0.00       0.00         6. Net Loss (Enclose PA Schedules*)       0.00       0.00       0.00         7. NON-IXXABLE S-Corp earnings check this box:       0.00       0.00       0.00         6. Net Loss (Enclose PA Schedules*)       0.00       0.00       0.00         7. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)       63182.00       0.00         9. Total Taxable Earned Income Tax Withheld (May not equal W-2 - See Instructions)       336.00       0.00         10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)       336.00       0.00         10. Cotal Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)       336.00       0.00         10. Cotal Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)       0.00       0	ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM			disabled	stude	nt 🛛 🖾 di	isabled			
All Single Married, Filing Separately Filing Reparately Filing Reparate		_	_			· [ = ]				
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)       0.00       0.00         3. Other Taxable Earned Income *	X Single Married, Filing Jointly Married, Filing Separately Final Return*									
3. Other Taxable Earned Income*       0.00       0.00         4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)       63182       00       0.00         5. Net Profit (Enclose PA Schedules*)       0.00       0.00       0.00         6. Net Loss (Enclose PA Schedules*)       0.00       0.00       0.00         7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)       0.00       0.00       0.00         8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)       63182       00       0.00         9. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)       63182       00       0.00         9. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)       63182       00       0.00         9. Total Tax Liability (Line 8 multiplied by 1,0000)       1.0000       0.00       0.00         10. Total Local Earned Income Tax Withheld (May not equal W-2-See Instructions)       336       00       0.00         11. Quarterly Estimated Payments/Credit From Previous Tax Year       0.00       0.00       0.00         12. Out-of-State or Philadelphia Credits (include supporting documentation)       0.00       0.00       0.00         12. Out-of-State or Philadelphia Credit I from ptruy out at as a credit to your account)       0.00       0.00       0.00 <tr< td=""><td colspan="3">1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)</td><td></td><td>6318</td><td>2 .00</td><td></td><td>0.00</td></tr<>	1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)				6318	2 .00		0.00		
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)       63182.00       0.00         5. Net Profit (Enclose PA Schedules*)	2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)					0.00		0.00		
5. Net Profit (Enclose PA Schedules*)       0.00       0.00         6. Net Loss (Enclose PA Schedules*)       0.00       0.00         7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)       0.00       0.00         8. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)       0.00       0.00         8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)       63182.00       0.00         9. Total Tax Liability (Line 8 multiplied by 1.0000)       1.0000       0.00       0.00         10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)       336.00       0.00       0.00         11. Quarterly Estimated Payments/Credit From Previous Tax Year       0.00       0.00       0.00         12. Out-of-State or Philadelphia Credits (include supporting documentation)       0.00       0.00       0.00         13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)       336.00       0.00       0.00         14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)       0.00       0.00       0.00         15. Credit Taxpayer/Spouse (Amount of Line 3 you want as a credit to your account)       0.00       0.00       0.00         16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)       296.00       0.00       0.00         17. Penalty after April	3. Other Taxable Earned Income *					0.00		0.00		
NON-TAXABLE S-Corp earnings check this box:         0 <td colspan="3">4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)</td> <td></td> <td>6318</td> <td>2 .00</td> <td></td> <td>0.00</td>	4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)				6318	2 .00		0.00		
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)       0.00       0.00         8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)       63182.00       0.00         9. Total Tax Liability (Line 8 multiplied by 1.0000)       1.0000       0.00         9. Total Tax Liability (Line 8 multiplied by 1.0000)       632.00       0.00         10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)       336.00       0.00         11. Quarterly Estimated Payments/Credit From Previous Tax Year       0.00       0.00         12. Out-of-State or Philadelphia Credits (include supporting documentation)       0.00       0.00         13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)       336.00       0.00         14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)       0.00       0.00         15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)       0.00       0.00         16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)       0.00       0.00         17. Penalty after April 15* (multiply Line 16 by )       0.00       0.00         18. Interest after April 15* (multiply Line 16, tr, and 18)       296.00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       REV 020621 PRO       0.00 <t< td=""><td colspan="3">5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box:</td><td></td><td></td><td>0.00</td><td></td><td>0.00</td></t<>	5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box:					0.00		0.00		
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)	6. Net Loss (Enclose PA Schedules*)					0.00		0.00		
9. Total Tax Liability (Line 8 multiplied by 1,0000)	7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)					0.00		0.00		
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)       3 3 6 .00       0.00         11.Quarterly Estimated Payments/Credit From Previous Tax Year       0 .00       0.00         12. Out-of-State or Philadelphia Credits (include supporting documentation)       0 .00       0.00         13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)       3 3 6 .00       0.00         14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)       0 .00       0.00         15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)       0 .00       0.00         16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)       2 9 6 .00       0 .00         17. Penalty after April 15* (multiply Line 16 by )       0 .00       0.00       0.00         18. Interest after April 15* (multiply Line 16 by )       0 .00       0.00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       2 9 6 .00       0 .00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       2 9 6 .00       0 .00       0.00         Vour SignATURE         VOUR SIGNATURE         PAPEARE'S PRINTED NAME & SIGNATURE	8. Total Taxable Earned Income an	d Net Profit (Add L	ines 4 and 7)		6318	2 .00		0.00		
11.Quarterly Estimated Payments/Credit From Previous Tax Year	9. Total Tax Liability (Line 8 multiplied by 1.0000 )				63	2 .00		0.00		
12. Out-of-State or Philadelphia Credits (include supporting documentation)       0.00       0.00         13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)       336.00       0.00         14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)       0.00       0.00         15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)       0.00       0.00         15. Credit to next year       Credit to spouse       0.00       0.00         16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)       296.00       0.00         17. Penalty after April 15* (multiply Line 16 by )       0.00       0.00         18. Interest after April 15* (multiply Line 16 by )       0.00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       296.00       0.00         *See Instructions       REV 02/06/21 PRO       0.00       0.00         VOUR SIGNATURE         SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM/DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER	10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)				33	6 .00		0.00		
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)	11.Quarterly Estimated Payments/Credit From Previous Tax Year					0.00		0.00		
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)       0.00       0.00         15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)       0.00       0.00         15. Credit to next year       Credit to spouse       0.00       0.00         16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)       296.00       0.00         17. Penalty after April 15* (multiply Line 16 by       )       0.00       0.00         18. Interest after April 15* (multiply Line 16 by       )       0.00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       296.00       0.00         *See Instructions       REV 02/06/21 PRO       0.00         YOUR SIGNATURE       SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM/DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER       PHONE NUMBER	12. Out-of-State or Philadelphia Credits (include supporting documentation)					0.00		0.00		
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)       0.00       0.00         16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)       296.00       0.00         17. Penalty after April 15* (multiply Line 16 by )       0.00       0.00         18. Interest after April 15* (multiply Line 16 by )       0.00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       296.00       0.00         *See Instructions       REV 02/06/21 PRO       0.00       0.00         YOUR SIGNATURE       SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM//DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER       PHONE NUMBER	13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)				33	6 .00		0.00		
Credit to next year       Credit to spouse       Credit to next year       Credit to spouse         16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)       296.00       0.00         17. Penalty after April 15* (multiply Line 16 by       )       0.00       0.00         18. Interest after April 15* (multiply Line 16 by       )       0.00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       296.00       0.00         *See Instructions       REV 02/06/21 PRO       0.00         Vour signature         VOUR SIGNATURE       SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM//DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER	14. <b>Refund</b> IF MORE THAN \$1.00, enter amount (or select option in 15)					0.00		0.00		
17. Penalty after April 15* (multiply Line 16 by       )       0 .00       0 .00         18. Interest after April 15* (multiply Line 16 by       )       0 .00       0 .00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       296 .00       0 .00         *See Instructions       REV 02/06/21 PRO       0 .00         *See Instructions       Number 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.       DATE (MM/DD/YYYY)         YOUR SIGNATURE       SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM/DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER       PHONE NUMBER	15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)					0.00		0.00		
18. Interest after April 15* (multiply Line 16 by )       0.00       0.00         19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       296.00       0.00         *See Instructions       REV 02/06/21 PRO       0.00         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.         YOUR SIGNATURE       SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM/DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER       PHONE NUMBER	16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)				29	6 .00	0.00			
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)       296.00       0.00         *See Instructions       REV 02/06/21 PRO       0.00         *See Instructions       REV 02/06/21 PRO       0.00         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.       DATE (MM/DD/YYYY)         YOUR SIGNATURE       SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM/DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER       PHONE NUMBER	17. Penalty after April 15* (multiply Line 16 by )					0.00	0.00			
*See Instructions REV 02/06/21 PRO 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. YOUR SIGNATURE SPOUSE'S SIGNATURE (If Filing Jointly) DATE (MM/DD/YYYY) PREPARER'S PRINTED NAME & SIGNATURE PHONE NUMBER	18. Interest after April 15 <sup>*</sup> (multiply Line 16 by )					0.00	0.00			
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. YOUR SIGNATURE SPOUSE'S SIGNATURE (If Filing Jointly) DATE (MM/DD/YYYY) PREPARER'S PRINTED NAME & SIGNATURE PHONE NUMBER					29	6 .00		0.00		
ischedules and statements and to the best of my (our) belief, they are true, correct and complete.       Image: Correct and complete.         YOUR SIGNATURE       SPOUSE'S SIGNATURE (If Filing Jointly)       DATE (MM/DD/YYYY)         PREPARER'S PRINTED NAME & SIGNATURE       PHONE NUMBER       PHONE NUMBER										
YOUR SIGNATURE SPOUSE'S SIGNATURE (If Filing Jointly) DATE (MM/DD/YYYY) PREPARER'S PRINTED NAME & SIGNATURE PHONE NUMBER										
	PREPARER'S PRINTED NAME & SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALLAM									

## Smart Worksheets from your 2020 Pennsylvania Tax Return

SMART WORKSHEET FOR: Taxpayer Annual Local Earned Income Tax Return (LOWER MACUNGIE TWP)

Check this box if you want to use this form (and it is acceptable to your local taxing authority, please see Tax Help for further information).
QuickZoom to another copy of Local Tax
City, township or borough
File by