



CLGS-32-1 (04-16)



## TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

*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.*

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

Tax Year **2023**

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

\*\*If you need additional space - please see back of form.



Tax Payer A:

3839 1 17 \*\*\*\*\*SCH 5-DIGIT 17001  
 RATNA SHARMA KOLIPAKA VENKATA  
 7 RICHLAND LN APT T6  
 CAMP HILL, PA 17011-2524

TAXPAYER A: ONLINE PIN  
**SHPX4**

TAXPAYER B: ONLINE PIN

DAYTIME PHONE NUMBER	RESIDENT PSD CODE 210501	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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The calculations reported in the first column MUST pertain to the name printed above on the left and the calculations in the second column should be for the spouse name listed on the right.  
**Combining income is NOT permitted.**

**ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM**

Single  Married, Filing Jointly  Married, Filing Separately  Final Return\*

Taxpayer A Social Security #  
**XXX-XX-6559**

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 |                                   |

Taxpayer B (Spouse's) 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 |                                   |

1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) .....	.00	.00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) ....	.00	.00
3. Other Taxable Earned Income (Enclose 1099-MISC, 1099-NEC, 1099-C, and 1099-R ... excluding codes 3-9 & G)*	.00	.00
4. <b>Total Taxable Earned Income</b> (Subtract Line 2 from Line 1 and add Line 3) ....	.00	.00
5. Net Profit (Enclose PA Schedules*) .....	.00	.00
NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>		
6. Net Loss (Enclose PA Schedules*) .....	.00	.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) ..	.00	.00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) .....	.00	.00
9. Total Tax Liability (Line 8 multiplied by _____) .....	.00	.00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	.00	.00
11. Quarterly Estimated Payments/Credit From Previous Tax Year .....	.00	.00
12. Out-of-State, Philadelphia, Act 172 Credits (include supporting documentation)	.00	.00
13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) .....	.00	.00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) .....	.00	.00
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account) ... <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	.00	.00
16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) .....	.00	.00
17. Penalty after April 15* (multiply Line 16 x 0.01 x # months unpaid) .....	.00	.00
18. Interest after April 15* (multiply Line 16 x 0.000082 x # days unpaid) .....	.00	.00
19. <b>TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) .....	.00	.00

\*See Instructions

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	