

**Do Not
Staple
Forms**

SOUTHWEST REGIONAL TAX BUREAU

FAYETTE COUNTY FINAL EARNED INCOME AND NET PROFITS TAX RETURN *

Tax Year: _____ Return Due Date: _____

T S Unemployed T S Non-Resident T S Part Year Resident

Retired Deceased

T = Taxpayer S = Spouse

Please list all address that you lived at for this calendar year.

Dates	(Complete Address)
__/__/__ to __/__/__	
__/__/__ to __/__/__	
__/__/__ to __/__/__	

Current Name and Address

**ELECTRONIC FILING OPTION
GO TO www.swrtb.org**

Taxpayer Name: _____ Social Security Number: _____

Spouse Name: _____ Social Security Number: _____

**SOUTHWEST REGIONAL TAX BUREAU
ONE CENTENNIAL WAY
SCOTTDALE, PA 15683**
Return form, supporting Documentation & payments to:
If you have questions call: Phone: 724-887-5320
Office Hours: 8 a.m. – 4 p.m.

Rates: 1.00% Resident Rate or 1.00% Non-Resident Rate

Two-income couples may each file separately on this form. However tax calculations must be entered in separate columns. Taxpayers must provide verification of earned income/expense items as indicated on this return.

		TAXPAYER	SPOUSE
1. Earned Income/Compensation, Gross Wages (Attach W-2, 1099 Misc. Forms.)	1.		
2. Less Allowable Business Expenses (Attach PA UE Forms)	2.		
3. TOTAL Earned Income & Compensation (Line 1 minus Line 2)	3.		
4. Net Effect of Profits From Business, Profession, Farm, Schedule C, K, I, F (Attach Documentation) Loss = 0	4.		
5. TOTAL Taxable Earned Income/Compensation & Net Profits (Line 3 plus Line 4)	5.		
6. S_CORP (Non-Taxable) Schedule RK1 \$	6.		
7. Calculation of Tax – Multiply Line 5 by rates listed above.	7.		
8. Tax Credits	8.		
a. Tax Withheld by Employer (Box 19 from W-2 form)	a.		
b. Quarterly Tax Payments	b.		
c. Prior Year Overpayment	c.		
d. TOTAL (Add Lines a, b, & c)	d.		
9. Overpayment - Line 8d is greater than Line 7. (\$1.00 or less will not be refunded or credited.)	9.		
a. Refund (No Refund will be processed without complete documentation.) (Refunds under \$10.00 will be credited to the next tax year.)	a.		
b. Credit to Next Year (No Credit will be processed without complete documentation.)	b.		
10. Unpaid Tax Balance (If Line 8d is less than Line 7 enter amount due.)	10.		
11. Penalty & Interest (1% per month of Line 10 if taxes are paid after April 15. (Additional charges will be assessed for failure to make proper quarterly tax payments.)	11.		
12. TOTAL Payment Due - Line 10 plus Line 11. (\$1.00 or less not due.)	12.		
13. If paying jointly, enter amount enclosed. (A payment due & a credit balance may be combined.)	13.		

SIGN YOUR RETURN. Under penalty of perjury I (we) have examined this form, and to the best of my (our) belief it is true, correct and completed. THERE WILL BE A \$10.00 FEE ADDED TO INTEREST AND PENALTY COST IF PAYMENT IS NOT ENCLOSED FOR THE AMOUNT DUE ON OR BEFORE DUE DATE.

Taxpayer Signature _____ Date _____ Phone Number _____ Spouse Signature _____ Date _____ Phone Number _____

Preparer's Name _____ Date _____ Phone Number _____ Signature of Preparer _____

*Filing this return does not constitute an appeal.

MAKE CHECKS PAYABLE TO – SOUTHWEST REGIONAL TAX BUREAU