



F1

RESIDENT JURISDICTION:

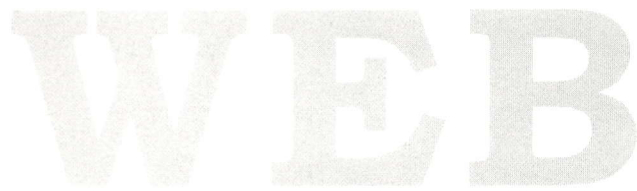
TAX YEAR _____

| 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.

To file online, visit www.berk-e.com

Name
Address
City
State
&
Zip



EXTENSION AMENDED RETURN*

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>DAYTIME PHONE NUMBER</p> <p>_____-_____-_____-_____-_____-_____</p> | <p>RESIDENT PSD CODE</p> <p>_____-_____-_____-_____-_____-_____</p> | <p>Enter Social Security #</p> <p>_____-_____-_____-_____-_____-_____</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><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</p> | <p>ENTER SPOUSE'S NAME</p> <p>_____</p> <p>Enter spouse's Social Security #</p> <p>_____-_____-_____-_____-_____-_____</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><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</p> |
| <p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted. ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM There will be an additional cost assessed for returned payments. There will be an additional cost assessed if no payment is enclosed for tax due at time of filing.</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p> | | | |
| 1. Gross Compensation as Reported on W-2(s). (Enclose W-2(s)) | _____ | _____ | _____ |
| 2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) | _____ | _____ | _____ |
| 3. Other Taxable Earned Income * | _____ | _____ | _____ |
| 4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3).... | _____ | _____ | _____ |
| 5. Net Profit (Enclose PA Schedules*) | _____ | _____ | _____ |
| NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/> | | | |
| 6. Net Loss (Enclose PA Schedules*) | _____ | _____ | _____ |
| 7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)..... | _____ | _____ | _____ |
| 8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) | _____ | _____ | _____ |
| 9. Total Tax Liability (Line 8 multiplied by <input type="text" value="0"/> %)..... | _____ | _____ | _____ |
| 10. Total Local Earned Income Tax Withheld as Reported on W-2(s)..... | _____ | _____ | _____ |
| 11. Quarterly Estimated Payments/Credit From Previous Tax Year..... | _____ | _____ | _____ |
| 12. Miscellaneous Tax Credits* | _____ | _____ | _____ |
| 13. TOTAL PAYMENTS and CREDITS (Add lines 10 through 12) | _____ | _____ | _____ |
| 14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) | _____ | _____ | _____ |
| 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 | | | |
| 16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) | _____ | _____ | _____ |
| 17. Penalty after April 15* (multiply line 16 by 0.01 x number of months late)..... | _____ | _____ | _____ |
| 18. Interest after April 15* (multiply line 16 by 0.00246 x number of months late)... | _____ | _____ | _____ |
| 19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) Payable to HAB-EIT | _____ | _____ | _____ |

*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 |

Print