

**ANNUAL EARNED INCOME AND NET PROFITS TAX RETURN - WA40  
BOROUGH OF OAKDALE / WEST ALLEGHENY SCHOOL DISTRICT**

FOR YEAR:

SOCIAL SECURITY NUMBER

**INSTRUCTIONS:** This form must be completed and filed by all residents subject to the tax, regardless where earned, by April 15th. This is required even though the entire tax was withheld by Employer and/or no tax is due.

If you have moved in or out of this Twp. during the year please indicate in/out date.

If part-year from (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

If unemployed please indicate status:

- Homemaker       Retired/Date \_\_\_\_\_  
 Disabled       Other \_\_\_\_\_  
 Student

**FOR OFFICE USE ONLY**

Complete as required, and mail original to:  
 Earned Income Tax Collector  
 6115 Noblestown Road  
 Oakdale, PA 15071  
 Phone: (724) 693-9740

Enclose a self-addressed, stamped envelope for return of receipt

**INSTRUCTIONS:** This form must be completed and filed by all residents subject to the tax, regardless where earned, by April 15th. This is required even though the entire tax was withheld by Employer and/or no tax is due. **NO JOINT RETURNS ALLOWED**

**ATTACH FORMS W-2, 1099-MISC., SCHEDULES C, F, E, K-1 or other Proof of Earnings. THIS IS REQUIRED AND MUST BE SENT IN.**

1. Gross Earnings (as reported to State). Enclose W-2(s) with form .....	1. _____
2. Less Allowable employee business expenses (PA SCHEDULE UE).....	2. _____
3. Net Loss from self-employment (Schedule C).....	3. _____
4. <b>Sub Total</b> (Line 1 less lines 2 and 3) if less than zero, enter zero .....	4. _____
5. Other taxable income. (Description) .....	5. _____
6. Net Profits from self-employment (include Schedule C, F, E or K-1).....	6. _____
7. Total Earned income subject to this tax (Add lines 4, 5 and 6).....	7. _____
8. Less earnings as resident of _____ from _____ to _____ (A part year resident who has paid tax to another district) .....	8. _____
9. <b>Total Taxable Earnings</b> (line 7 minus line 8)..... If none, enter zero	9. _____
10. <b>Total Tax Due</b> (Line 9 multiplied by 1%).....	10. _____
11. Total local wage tax withheld by employer(s)..... 11. _____	[Hatched Area]
12. Estimated quarterly Payments ..... 12. _____	
13. Prior year overpayment..... 13. _____	
14. Credit for taxes paid to other jurisdictions (up to 1%) ..... 14. _____	
15. Total Credits (Add lines 11, 12, 13, and 14).....	15. _____
16. <b>Tax Due</b> (If line 10 is greater than Line 15).....	16. _____
17. <b>Penalty and Interest</b> (1% per month of line 16 if paid after 4/15) <b>SEE INSTRUCTIONS FOR FAILURE TO MAKE PROPER QUARTERLY PAYMENTS</b> .....	17. _____
18. <b>Total Payment Due.</b> (Add lines 16 and 17) (No payment less than \$1.00 required).....	18. _____
19. Overpayment (If line 10 is less than 15) (No refund/credit less than \$1.00) .....	19. _____
19a. Credit to next year's tax _____ Credit to spouse _____	19a. _____
19b. Refund .....	19b. _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE IF PREPARED BY A PERSON OTHER THAN TAXPAYER, HIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE

SIGNATURE: \_\_\_\_\_

SIGNATURE OR PREPARER OTHER THAN TAXPAYER \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_