

RETURN BY APRIL 15, 2020 TO:
FRANKLIN COUNTY AREA TAX BUREAU
 443 STANLEY AVE
 CHAMBERSBURG, PA 17201-3600
 PHONE (717) 263-5141
 OFFICE HOURS:
 8 A.M. TO 4:00 P.M. MON. THRU FRI.
Website: fcatab.org

TO CONSTITUTE PROOF OF FILING, THE TAXPAYER MUST HAVE A VALIDATED RECEIPT FROM THE TAX OFFICE. TO OBTAIN A RECEIPT BY MAIL, INCLUDE A SELF ADDRESSED STAMPED ENVELOPE WHEN FILING.

LOCAL EARNED INCOME AND NET PROFITS TAX RETURN (FORM 531)
2019

DO NOT WRITE IN ABOVE AREA – TAX OFFICE USE ONLY

TYPE OR PRINT INFORMATION BELOW. IF PREPRINTED, CHECK FOR ACCURACY AND MAKE CORRECTIONS WHERE NECESSARY. SPOUSE'S NAME, SIGNATURE, AND OTHER INFORMATION SHOULD BE PROVIDED ONLY IF HE OR SHE IS ALSO FILING ON THIS FORM.

SPOUSES MAY BOTH FILE ON THIS FORM. HOWEVER, TAX CALCULATIONS MUST BE REPORTED IN SEPARATE COLUMNS. JOINT FILING (COMBINING INCOME, ETC.) IS NOT PERMITTED.

YOUR RESIDENT MUNICIPALITY (TOWNSHIP OR BOROUGH):

Name and Current Address

DO YOU MOVE BETWEEN JAN 1, 2019 AND THE PRESENT?
 YES NO IF YES, COMPLETE SECTIONS A & C ON THE BACK OF ORIGINAL

| TAXPAYER | SPOUSE |
|-----------|--------------------|
| ENTER SS# | ENTER SPOUSE'S SS# |

| | | | | |
|----|--|----|---|---|
| 1 | W-2 EARNINGS – COMPENSATION (From attached W-2's) | 1 | | |
| 2 | EMPLOYEE BUSINESS EXPENSES – EBE's (Attach PA UE And Federal 2106 if used) | 2 | - | - |
| 3 | TAXABLE W-2 EARNINGS – COMPENSATION LESS EBE's (Subtract Line 2 from Line 1) | 3 | | |
| 4 | OTHER TAXABLE EARNED INCOME – FROM SECTION B ON BACK (NO INTEREST OR DIVIDENDS) | 4 | | |
| 5 | TOTAL TAXABLE EARNED INCOME – COMPENSATION (Add Lines 3 and 4) | 5 | | |
| 6 | NET PROFIT(S) FROM BUSINESS, PROFESSION, OR FARM (ATTACH PA SCHEDULES C, F, RK-1) | 6 | | |
| 7 | NET LOSS(ES) FROM BUSINESS, PROFESSION, OR FARM (ATTACH PA SCHEDULES C, F, RK-1) | 7 | - | - |
| 8 | TAXABLE PROFITS – Subtract Line 7 from Line 6 (IF LESS THAN ZERO, ENTER ZERO) | 8 | | |
| 9 | SUBCHAPTER S AND OTHER NON-TAXABLE PASSIVE INCOME: (ATTACH PA RK-1'S, ETC.) <small>ENTER PASSIVE BUSINESS, PROFESSION, OR FARM INCOME AS REPORTED ON YOUR PA-40 RETURN.</small> | 9 | | |
| 10 | TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Lines 5 and 8) | 10 | | |
| 11 | *TAX RATE Chambersburg Area S D Residents (1.7%) Enter .017 All Other School District Residents (1%) Enter .01 <small>If you moved from one tax rate area to another during the year, complete a Schedule X to determine rate to enter.</small> | 11 | | |
| 12 | TAX LIABILITY: (Multiply Line 10 by Line 11) | 12 | | |
| 13 | TOTAL LOCAL INCOME TAXES WITHHELD EXCEPT PHILADELPHIA INCOME TAX (FROM ATTACHED W-2's) | 13 | | |
| 14 | QUARTERLY PAYMENTS AND/OR LAST YEAR'S OVERPAYMENT CREDITED TO THIS YEAR | 14 | | |
| 15 | CREDIT FOR TAXES PAID TO PHILADELPHIA AND/OR STATES OTHER THAN PA (ATTACH LOCAL SCHEDULE G) | 15 | | |
| 16 | TOTAL WITHHOLDINGS, PAYMENTS, AND CREDITS (Add Lines 13, 14 and 15) | 16 | | |
| 17 | TAX BALANCE DUE IF LINE 12 IS GREATER THAN LINE 16 (Subtract Line 16 from Line 12) | 17 | | |
| 18 | INTEREST & PENALTY IF PAID AFTER DUE DATE (SEE INSTRUCTIONS) | 18 | | |
| 19 | LATE FILING FEE – ENTER \$10.00 AFTER DUE DATE (\$20.00 AFTER DEC 31 of year due) | 19 | | |
| 20 | QUARTERLY INTEREST & PENALTY (SEE INSTRUCTIONS) | 20 | | |
| 21 | TOTAL DUE (Add Lines 17, 18, 19 and 20.) Make check payable to "FCATB" <small>IF \$1.00 OR LESS, ENTER ZERO</small> | 21 | | |
| | If Line 21 was paid by credit/debit card, enter <i>Official Payments Corp.</i> confirmation number(s) here | | # | # |
| 22 | OVERPAYMENT IF LINE 16 IS GREATER THAN LINE 12 (Subtract Line 12 from Line 16) <small>IF \$1.00 OR LESS ENTER ZERO</small> | 22 | | |
| 23 | AMOUNT OF LINE 22 TO BE REFUNDED | 23 | | |

| DIRECT DEPOSIT INFORMATION FOR REFUND | Taxpayer 'A', 'B', OR 'BOTH' | 'Savings' or 'Checking' Account | ROUTING NUMBER | ACCOUNT NUMBER |
|---------------------------------------|------------------------------|---------------------------------|----------------|----------------|
| | | | | |

| | | | | |
|----|---|----|--|--|
| 24 | AMOUNT OF LINE 22 TO BE CREDITED TO NEXT YEAR'S TAX | 24 | | |
| 25 | AMOUNT OF LINE 22 TO BE CREDITED TO SPOUSE'S BALANCE DUE ON LINE 21 | 25 | | |

I DECLARE UNDER PENALTIES PROVIDED BY LAW, THAT THIS RETURN IS TRUE, COMPLETE AND CORRECT.

| | | | |
|--------------------|------|------------|---------------|
| YOUR SIGNATURE | DATE | OCCUPATION | DAYTIME PHONE |
| SPOUSE'S SIGNATURE | DATE | OCCUPATION | DAYTIME PHONE |

| | | | |
|-------------------------------------|---------------------|-----------------------|-----------------------------|
| PAID PREPARER'S NAME (PLEASE PRINT) | PAID PREPARER'S EIN | PAID PREPARER'S PHONE | TAXPAYER'S COPY / WORKSHEET |
|-------------------------------------|---------------------|-----------------------|-----------------------------|