

<p style="text-align: center;">RETURN BY APRIL 15, 2021 TO:</p> <p style="text-align: center;">FRANKLIN COUNTY AREA TAX BUREAU 443 STANLEY AVE CHAMBERSBURG PA 17201-3600 PHONE (717) 263-5141</p> <p>Drive-Thru Hours: 8:00 am – 4:00 pm, Mon. – Fri. Lobby Hours: 8:00 am – 3:00 pm, Mon. – Fri.</p> <p style="text-align: center;">Website: fcatb.org</p>	<p style="font-size: small;">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.</p> <p style="text-align: center;">LOCAL EARNED INCOME AND NET PROFITS TAX RETURN (FORM 531)</p> <p style="text-align: center;">*2020*</p>	<p style="font-size: x-small; text-align: center;">DO NOT WRITE IN ABOVE AREA – TAX OFFICE USE ONLY</p> <p style="font-size: x-small; text-align: center;">BOTH SPOUSES MAY FILE ON THIS FORM. HOWEVER, TAX CALCULATIONS MUST BE REPORTED IN SEPARATE COLUMNS. JOINT FILING (COMBINING INCOME, ETC.) IS NOT PERMITTED.</p>
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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.

YOUR RESIDENT MUNICIPALITY (TOWNSHIP OR BOROUGH):	
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Name and Current Address		DID YOU MOVE BETWEEN JAN 1, 2020 AND THE PRESENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, COMPLETE SECTIONS A & C ON THE BACK OF THIS FORM.	
		TAXPAYER NAME	SPOUSE NAME
		TAXPAYER'S SS#	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	<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:10%;">*TAX RATE</td> <td style="width:40%;">Chambersburg Area S D Residents (1.7%) Enter .017 All Other School District Residents (1%) Enter .01</td> <td style="width:50%;">If you moved from one tax rate area to another during the year, complete a Schedule X to determine rate to enter.</td> </tr> </table>	*TAX RATE	Chambersburg Area S D Residents (1.7%) Enter .017 All Other School District Residents (1%) Enter .01	If you moved from one tax rate area to another during the year, complete a Schedule X to determine rate to enter.	11			
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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" IF 1.00 OR LESS, ENTER ZERO	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 – IF \$1.00 OR LESS, ENTER ZERO)	22						
23	AMOUNT OF LINE 22 TO BE REFUNDED	23						
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 AT 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
			ORIGINAL / TAX OFFICE COPY

FRANKLIN COUNTY AREA TAX BUREAU MEMBER MUNICIPALITIES

The jurisdictions listed below are served by the Franklin County Area Tax Bureau. If you resided in any of the jurisdictions listed and had taxable earned income, at any time during the tax year, you must file a return with our office and calculate your tax based on the rate(s) indicated. If you did not reside in any of these areas for any part of the tax year, you should not file with our office; however, if you received a form from us, return it noting where you resided during the tax year. If you are unsure of where you are to file, phone our office and we will be happy to assist you. **BECAUSE OF THEIR DIFFERENT TAX RATES, IF YOU MOVED BETWEEN CHAMBERSBURG AREA SCHOOL DISTRICT AND THE OTHER SCHOOL DISTRICTS LISTED BELOW, YOU WILL NEED TO COMPLETE A "SCHEDULE X" TO DETERMINE YOUR CORRECT TAX LIABILITY FOR THE YEAR. SCHEDULE X FORMS ARE AVAILABLE FROM THE TAX OFFICE OR FROM OUR WEBSITE, <https://www.fcab.org>.**

<p style="text-align: center;"><u>Chambersburg Area School District</u></p> <p style="text-align: center;">TAX RATE – 1.7% (.017)</p> <ul style="list-style-type: none"> Chambersburg Borough Greene Township Guilford Township – CASD portion Hamilton Township Letterkenny Township Lurgan Township 	<p style="text-align: center;"><u>Fannett Metal School District</u></p> <p style="text-align: center;">TAX RATE – 1.0% (.01)</p> <ul style="list-style-type: none"> Fannett Township Metal Township Toboyne Twp – FMSD portion (2nd Voting District Only) 	<p style="text-align: center;"><u>Greencastle-Antrim School District</u></p> <p style="text-align: center;">TAX RATE – 1.0% (.01)</p> <ul style="list-style-type: none"> Antrim Township Greencastle Borough
<p style="text-align: center;">NOTICE TO DISABLED PERSONS</p> <p>Auxiliary aids and/or other special assistance will be provided if you contact the tax office in advance to make an appointment for your visit.</p>	<p style="text-align: center;"><u>Tuscarora School District *</u></p> <p style="text-align: center;">TAX RATE – 1.0% (.01)</p> <ul style="list-style-type: none"> Mercersburg Borough Montgomery Township Peters Township Saint Thomas Township Warren Township 	<p style="text-align: center;"><u>Waynesboro Area School District</u></p> <p style="text-align: center;">TAX RATE – 1.0% (.01)</p> <ul style="list-style-type: none"> Guilford Township – WASD portion (5th Voting District Only) Mont Alto Borough Quincy Township Washington Township Waynesboro Borough
<p style="text-align: center;">DISCLOSURE STATEMENT</p> <p>You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Franklin County Area Tax Bureau at 717-263-5141 during the hours of 8:00 a.m. to 4:00 p.m., Monday thru Friday.</p>	<p>* Some jurisdictions within Tuscarora School District do not tax residents under the age of 18. If you had tax withheld, file a tax return to obtain a refund. Include your date of birth when filing the tax return.</p>	

IF BOTH SPOUSES ARE FILING ON THIS RETURN, PLACE AN "A" OR "B" (COLUMN A OR B ON FRONT) BEFORE EACH ENTRY IN SECTIONS A AND B BELOW.

SECTION A: TAXPAYER'S EMPLOYER INFORMATION (Complete *only* if you moved during the tax year.)

A/B	EMPLOYER'S NAME	DATES EMPLOYED DURING THE TAX YEAR		EMPLOYER'S LOCAL ADDRESS	GROSS EARNINGS	LOCAL INCOME TAX WITHHELD	
		FROM	TO				
					\$		\$

SECTION B: OTHER TAXABLE INCOME (Enter total(s) in appropriate column of Line 4 on front.)

A/B	PAYMENT FOR (WORK OR SERVICES PERFORMED)	RECEIVED FROM (PAYOR)	AMOUNT
			\$

SECTION C: MOVING INFORMATION (If you moved during the tax year, also complete Section A above.)

DATES LIVED AT EACH ADDRESS	MAILING ADDRESS	CITY/BOROUGH/TOWNSHIP & COUNTY
1 / 1 / 20 TO / /		
/ / TO / /		
/ / TO / /		
/ / TO / /		
CURRENT ADDRESS: (IF DIFFERENT THAN LAST LINE ABOVE)		