

PHONE:
724.258.9024

CITY OF MONONGAHELA
OFFICE OF INCOME TAX COMMISSIONER
449 WEST MAIN STREET
MONONGAHELA, PA 15063

HOURS:
MONDAY THRU FRIDAY
9:00 AM- 12:00 PM
1:00 PM - 4:00 PM

- EXTENSION
- PART YEAR RESIDENT
- TAX STATUS CHANGE

2010 EARNED INCOME TAX RETURN

NAME: TAXPAYER _____

SS# _____

SPOUSE _____

SS# _____

PHONE # _____

CURRENT _____
ADDRESS _____

THIS IS NOT A JOINT RETURN: INFORMATION MUST BE
ENTERED SEPARATELY FOR EACH INDIVIDUAL.

	TAXPAYER	SPOUSE
1) Gross Earnings from W-2's/1099's (attach copies)	_____	_____
2) Less: Allowable Employee Business Expenses (Transfer from worksheet on back) Click here for worksheet	(_____)	(_____)
3) Taxable W-2/1099 Earnings (line 1 minus line 2)	_____	_____
4) Net Profit/ Loss from Business,Profession or Farm (attach copies of PA Schedules)	_____	_____
5) Total Earned Income and Net Profits(line 3+4) (If less than zero enter zero on line 5)	_____	_____
6) Tax (line 5 multiplied by tax rate 0.005)	_____	_____
7) Local Tax withheld by Employer (see instructions)	_____	_____
8) Estimated Quarterly Payment (payments made by you to the city of monongahela) or Credit from previous year.	_____	_____
9) Total Credits (line7 + 8)	_____	_____
10) If Line 6 is Greater than Line 9 ENTER TAX DUE (if amount is less than \$1.00 enter 0)	_____	_____
11) Penalty and Interest(if 75% of tax due was not paid by Jan. 31 of this year, penatly and interest are due, see instructions)	_____	_____
12) TOTAL DUE (line 10 + 11)	_____	_____
13) If Line 9 is Greater than Line 6 ENTER CREDIT/REFUND	_____	_____

(if amount is \$1.00 or more enter on line 14 and check below)
No refund checks under \$5.00 will be issued/ credit only

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> CREDIT TO SPOUSE | <input type="checkbox"/> CREDIT TO NEXT YEAR | <input type="checkbox"/> REFUND |
| <input type="checkbox"/> CREDIT TO TAXPAYER | <input type="checkbox"/> CREDIT TO NEXT YEAR | <input type="checkbox"/> REFUND |

14) \$ _____

TOTAL AMOUNT ENCLOSED WITH RETURN

make checks payable to: City of Monongahela

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

TAXPAYER'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

TAXPAYER

SPOUSE

**EMPLOYEE BUSINESS EXPENSE
WORKSHEET**

Transfer information from your PA Schedule UE (Part A, lines 1, 2, 3 only). No other business expenses are permitted. Taxpayer and Spouse must file separate PA UE forms. If a individual has more than one PA UE form you may enter only the totals below. If you were a part year resident use only the portion of expenses that were incurred while you lived in the City.

Line 1 _____

Line 2 _____

Line 3 _____

Total _____

Enter this number on line 2 of tax form
Allowable Employee Business Expenses **Return to page 1**

Line 1 _____

Line 2 _____

Line 3 _____

Total _____

Enter this number on line 2 of tax form
Allowable Employee Business Expenses **Return to page 1**

Note: You must attach copies of your PA UE forms along with any supporting documents

SECTION 3

If you moved into or out of Monongahela during the tax year, complete the following worksheet.

FROM	TO	FROM	TO
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
_____		_____	
_____		_____	
W-2's/1099's		W-2's/1099's	
Monongahela Portion	_____	Monongahela Portion	_____
Other Municipality Portion	_____	Other Municipality Portion	_____
Total (should equal W-2's/1099)	_____	Total (should equal W-2's/1099)	_____
Net Profits/Losses		Net Profits/Losses	
Monongahela Portion	_____	Monongahela Portion	_____
Other Municipality Portion	_____	Other Municipality Portion	_____
Total (should equal total nets)	_____	Total (should equal total nets)	_____

Attach copies of the tax form you filed with the other municipality

SECTION 4

ENTER REASON FOR TAX STATUS CHANGE

DATE OF CHANGE: _____

DATE OF CHANGE: _____

NON-RESIDENT ACTIVE MILITARY DUTY

NON-RESIDENT ACTIVE MILITARY DUTY

FULLY RETIRED PERMANENT UNEMPLOYMENT

FULLY RETIRED PERMANENT UNEMPLOYMENT

DECEASED PERMANENT DISABILITY

DECEASED PERMANENT DISABILITY

NOTE: SHOULD YOU RETURN TO THE WORK FORCE YOU MUST FILE A TAX FORM WITH THIS OFFICE

ALL OF THE ABOVE INFORMATION IS SUBJECT TO VERIFICATION