

# FINAL RETURN

## EARNED INCOME AND NET PROFIT TAX

**Period beginning January 1 and ending December 31**

CITY OF NEW KENSINGTON AND NEW KENSINGTON-ARNOLD SCHOOL DISTRICT

**Make checks payable to:** NEW KENSINGTON CITY TREASURER

**Both copies must be returned and paid in full by April 15 ...**

**Mail to:** Patricia L. DiCello, City Treasurer  
301 Eleventh Street  
New Kensington, PA 15068

... including residents having tax withheld and unemployed. If retired, state previous employer and date retired.

Office Hours: Monday-Friday, 9am - 5pm  
Except Holidays  
Telephone (724) 335-5111

Social Security No.:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_

**INCOMPLETE OR UNSIGNED FORMS  
WILL BE CONSIDERED DELINQUENT.**

Employer \_\_\_\_\_

**PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM CAREFULLY.**

- 1. Gross Wages (See PA State Wages on W-2) ..... \$ \_\_\_\_\_
- 2. Net Profit or Income (self-employed) — Attach Copy of "Schedule C" ..... \_\_\_\_\_  
(If loss, enter zero.)
- 3. Total Earned Income — Attach W-2's, 1099's, or Appropriate Schedules ..... \_\_\_\_\_
- 4. Tax Due on Total Earned Income (1% of line 3) ..... \_\_\_\_\_
- 5. Amount of Tax Paid by Quarterly Estimate ..... \_\_\_\_\_
- 6. BALANCE OF TAX DUE ..... \_\_\_\_\_
- 7. Penalty & Interest Up to 12% Per Year for Failure to File Quarterly Estimates (See Instruction #5) ..... \_\_\_\_\_
- 8. Total Amount Due City Treasurer ..... \$ \_\_\_\_\_
- 9. If line 5 exceeds line 4, credit balance will be applied to next year, unless refund is requested ..... \$ \_\_\_\_\_

Refunds under \$10.00 will be credited to next year.

CASH  CHECK

*Under the penalties of perjury, I/we declare that to the best of my/our knowledge and belief this is a true, correct and complete return of my/our State Tax Return.*

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE.**

**BOTH COPIES OF THIS FORM MUST ACCOMPANY PAYMENT IF RECEIPT IS REQUIRED.** *Enclose a self-addressed, stamped envelope.*