

# 2007 CENTRAL TAX BUREAU FINAL LOCAL INCOME TAX RETURN DUE APRIL 15TH

CENTRAL TAX BUREAU OF PA, INC. SUITE 100 2940 SOUTH PARK RD BETHEL PARK, PA 15102-1686

OFFICE HOURS: Tuesday 5:30 PM - 8:30 PM, Wednesday through Friday 9:00 AM - 5:00 PM, Saturday 8:30 AM - 11:30 AM, Closed Sunday and Monday

NOTE: YOUR TAX RETURN IS DUE ON APRIL 15<sup>TH</sup>  
 IF PAYING BY CREDIT CARD SEE REVERSE SIDE  
 FORMS AVAILABLE ON OUR WEBSITE: [www.centtaxgroup.com](http://www.centtaxgroup.com)

PLEASE READ INSTRUCTIONS ON REVERSE CAREFULLY BEFORE COMPLETING RETURN.  
**IMPORTANT:** SOCIAL SECURITY NUMBER(S) SECTION MUST BE COMPLETED FOR RETURN TO BE CONSIDERED TIMELY FILED.  
**TAX PREPARERS:** PLEASE SUBMIT ON THIS FORM, OR, IF USING A GENERIC FORM, PLEASE ATTACH THIS FORM FOR IDENTIFICATION PURPOSES.

DETACH AT PERFORATION AND KEEP UPPER PORTION FOR YOUR RECORDS. CURRENT YEAR PAYMENT RECORD IS ON REVERSE.

MAKE CHECKS PAYABLE AND REMIT TO:  
 CENTRAL TAX BUREAU OF PA, INC.  
 SUITE 100  
 2940 SOUTH PARK RD  
 BETHEL PARK, PA 15102-1686  
 (412) 831-1728



TAX YEAR: 2007 TAX RATE: 1.300% (.0130)  
 MUNICIPALITY: MUNICIPALITY OF BETHEL PARK  
 SCHOOL DISTRICT: BETHEL PARK SCHOOL DISTRICT PSD: 02145  
INDICATE NAME OF CITY, BOROUGH OR TOWNSHIP OF RESIDENCE BELOW IF DIFFERENT

### 2007 TAX YEAR PAYMENTS

INCOME A		INCOME B	
QTR. 1 \$		QTR. 1 \$	
QTR. 2 \$		QTR. 2 \$	
QTR. 3 \$		QTR. 3 \$	
QTR. 4 \$		QTR. 4 \$	
<b>TOTAL</b>		<b>TOTAL</b>	
<small>(ENTER ON LINE 8)</small>		<small>(ENTER ON LINE 8)</small>	

To minimize the risk of identity theft, a unique Centax ID # has been assigned to each taxpayer

A. Name: WILLIAM R. BARNES  
 Taxpayer A Social Security Number: [REDACTED]

B. Name: \_\_\_\_\_  
 Taxpayer B Social Security Number: \_\_\_\_\_

Part-Year Residents Indicate Residency Dates: From (Mo/Yr) \_\_\_\_\_ To \_\_\_\_\_  
 Check if this is First Time Filing

**TWO-INCOME COUPLES MAY FILE ON THIS FORM. HOWEVER, TAX CALCULATIONS MUST BE ENTERED IN SEPARATE COLUMNS. COMBINING INCOMES IS NOT PERMITTED.**

1. Earned Income/Compensation (Attach W-2 Forms, 1099 Forms-Attach list if necessary) 1.
2. Less Allowable Business Expenses (Attach PA Schedule UE1 Forms & Federal 2106) 2.
3. Total Earned Income/Compensation (Line 1 minus Line 2) 3.
4. Net Loss From Business, Profession, Farm (Attach Schedules C, K-1, E, F, etc.) 4.
5. Subtotal Net Earned Income/Compensation & Net Losses (Line 3 minus Line 4) Note: If Negative Enter "0" 5.
6. Net Profits From Business, Profession, Farm (Attach Form 4797, Schedules C, K-1, E, F, etc.) 6.
7. Total Taxable Earned Income/Compensation and Net Profits (Line 5 plus Line 6) 7.
8. Calculate Tax Due (Multiply Line 7 by local tax rate above) 8.
- 9a. Local Tax Withheld (Limit: local tax rate) 9a.
- 9b. Quarterly Tax Paid To This Office (Totals from current tax year payments chart above) 9b.
- 9c. PHILADELPHIA CITY TAX CREDIT 9c.
- 9d. Prior Year Overpayment or other credit(s) from reverse 9d.
9. Total (Add a, b, c, and d) 9.
10. Overpayment (If Line 9 is greater than Line 8) Credit to next year Refund 10.
11. Unpaid Tax Balance (If Line 9 is less than Line 8) 11.
12. Penalty and Interest (1% per month of Line 11) 12.
13. Total Payment Due (Line 11 plus Line 12) No payments under \$1.00 required. 13.
14. Total Amount Enclosed (Total of Line 13) 14.

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 384.51

TAX CREDIT

I declare under penalty of law that the information herein is true and correct. Permission is granted to make inquiry with other districts to recover any taxes due.

TAXPAYER'S SIGNATURE: \_\_\_\_\_ DATE: 4-13-2008

Payment Method... FOR CREDIT CARD PAYMENT SEE REVERSE SIDE	Credit Card	Check	Money Order
TELEPHONE NO. _____	EMPLOYER _____		

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**  
▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

**1** Type or print your first name and middle initial. Last name  
**William R.** **Barnes**

**2** Social security number (SSN)  
[REDACTED]

**3** Address  
[REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, **2007**.  
I have been unable to obtain (or have received an incorrect)  Form W-2 OR  Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

**5** Employer's or payer's name, address, and ZIP code  
[REDACTED]

**6** Employer's or payer's identification number (if known)  
[REDACTED]

**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation	0	<b>g</b> State income tax withheld	908.11
<b>b</b> Social security wages	0	(Name of state)	Pennsylvania
<b>c</b> Medicare wages and tips	0	<b>h</b> Local income tax withheld	384.51
<b>d</b> Advance EIC payment	0	(Name of locality)	Bethel Park
<b>e</b> Social security tips	0	<b>i</b> Social security tax withheld	1,833.81
<b>f</b> Federal income tax withheld	2,139.12	<b>j</b> Medicare tax withheld	428.87

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution		<b>f</b> Federal income tax withheld	
<b>b</b> Taxable amount		<b>g</b> State income tax withheld	
<b>c</b> Taxable amount not determined <input type="checkbox"/>		<b>h</b> Local income tax withheld	
<b>d</b> Total distribution <input type="checkbox"/>		<b>i</b> Employee contributions	
<b>e</b> Capital gain (included in 8b)		<b>j</b> Distribution codes	

**9** How did you determine the amounts on lines 7 and 8 above?  
Records provided by the payor listed on line 5

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
None

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**

Signature ▶ [Handwritten Signature]

Date ▶ 4-13-2008