

2009
**AVALON BORO. WAGE TAX
 FINAL RETURN**

FOR PERIOD JANUARY 1, 2009 TO DECEMBER 31, 2009

MAKE CHECKS PAYABLE AND MAIL TO:

AVALON TAX COLLECTOR
 640 California Avenue
 Avalon, PA 15202
Telephone: 412-761-3452
Fax: 412-761-6079

Office Hours: Monday through Friday
9:00 A.M. to 12:00 Noon
1:00 P.M. to 4:00 P.M.

ENCLOSE W-2 FORM OR OTHER PROOF OF EARNINGS AS FILED WITH THE COMMONWEALTH OF PENNSYLVANIA. THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2010

PLEASE DO NOT STAPLE

1. NET PROFIT/GROSS EARNED INCOME received in wages, salaries, fees, commissions, bonuses, etc. (IF NONE, SO STATE)..... 1. _____
2. If you were not a full year resident, enter amount of income and/or Net Profit 2. _____
 earned during Avalon residence. List date residence began or ended DATE: _____
3. Deduct Business Expense if applicable, Attach State UE 3. _____
4. Taxable Income..... 4. _____
5. Tax Computation: ½% (.005) of line 4..... 5. _____
6. Deduct payments made to date by taxpayer or employer..... 6. _____
7. Deduct credit for overpayment in previous periods..... 7. _____

Bal. Due \$ _____

NOTE: Add 1% Penalty and Interest Per Month For Any Past Due Amounts Including Those Not Paid Quarterly

All overpayments will be credited to your 2010 Wage tax Account.
 Refunds in excess of \$10.00 will be given if requested and your Final Return is supported by a W-2 Statement or State Forms.

Penalty \$ _____

Credit \$ _____

Total \$ _____

PLEASE RETURN THIS TAX FORM TO THE TAX OFFICE WHETHER YOU HAVE EARNED INCOME OR NOT SO YOUR STATUS CAN BE NOTED.

I declare under 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.

Signature _____

Employer _____

Home Phone _____

Work Phone _____

Date _____

Social Security No. _____