



2017 TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN Allegheny County Southwest Tax Collection District (73)

JORDAN TAX SERVICE, INC. 7100 BAPTIST RD BETHEL PARK PA 15102-3908 (412) 345-7966



You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer. If you have relocated during this year, please complete the section below and the Part-Year Resident Schedule included with the Instructions. A final return is required to be filed for each resident PSD Code lived in. Please include a copy of each return when filing.

Tax Year 2017

Table with 5 columns: DATES LIVING AT EACH ADDRESS, STREET ADDRESS (No PO Box, RD or RR), CITY OR POST OFFICE, STATE, ZIP

Form with fields for LAST NAME, FIRST NAME, MIDDLE INITIAL; SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL; STREET ADDRESS; SECOND LINE OF ADDRESS; CITY; STATE; ZIP CODE

EXTENSION [] AMENDED RETURN [] NON-RESIDENT []

THIS ANNUAL RETURN MUST BE FILED even if tax was fully withheld by your employer and/or if no additional tax is due.

ONLINE FILING www.jordantax.com/eitfinal

Form with fields for DAYTIME PHONE NUMBER AND/OR EMAIL ADDRESS; RESIDENT PSD CODE; ACCT. NO.; PIN; Social Security #; Spouse's Social Security #; and checkboxes for reasons for no earned income.

The calculations reported in the first column MUST pertain to the name printed in the column regardless of whether the husband or wife appears first.

Combining income is NOT permitted.

ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM

[] Single [] Married, Filing Jointly [] Married, Filing Separately [] Final Return*

Table with 3 columns for tax calculations: Line 1-19, including Gross Compensation, Total Taxable Earned Income, Net Profit, Total Tax Liability, and Earned Income Tax Balance Due.

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

Form with fields for YOUR SIGNATURE, SPOUSE'S SIGNATURE (If Filing Jointly), DATE (MM/DD/YYYY), PREPARER'S PRINTED NAME & SIGNATURE, and PHONE NUMBER