

FILING STATUS (Check One)

- Single
- Married, filing joint return
- Married, filing separate return

NO INCOME STATUS
(Check One)

- Retired --Date: _____
- Disability _____
- Unemployed entire year
- Moved from Franklin Township
Date moved: _____
- Other _____

RETURN BY APRIL 15, 2010

NOTE: If your only taxable income is from wages, salaries, etc., and the tax has been deducted at the source, you need only sign and return this form with a copy of your W-2 supplied by your employer.

PAYMENT MUST ACCOMPANY THIS RETURN

GENERAL McLANE SCHOOL DISTRICT
FRANKLIN TOWNSHIP AREA
INDIVIDUAL INCOME TAX RETURN

2009 For calendar year ending December 31, 2009 **2009**

June T. Shelhamer, Receiver of Taxes
Franklin Township Income Tax Office

6881 Old State Rd, Edinboro, PA 16412, 814-734-3155
Office Hours: Tuesdays 5 p.m. to 9 p.m., April 15th 5 p.m. to 9 p.m.
Other times by appointment only

THIS BLOCK FOR OFFICE USE

Date: _____
Cash: _____
Check: _____

Refund Information

Check No. _____
Amount: _____
Date: _____

Taxpayer: _____ Taxpayer Social Security Number: _____
Spouse: _____ Spouse Social Security Number: _____
Address: _____ Daytime Phone Number: _____
City: _____ State: _____ Zip: _____ Evening Phone Number: _____
Taxpayer Present Employer: _____ Spouse Present Employer: _____

Enter your TOTAL wages, salaries, bonuses, incentive payments, commissions and other compensation received from each employer or source from January 1, 2008 through December 31, 2008 BEFORE ANY PAYROLL DEDUCTIONS. NOTE: A copy of your income statement from your employer showing the amount of wages received and the amount of tax deducted MUST accompany this return. IF FILING A FEDERAL EXTENSION, a copy must be sent to this office.

	Column A	Column B	Column C	Column D
T or S	IDENTIFY TAXPAYER'S OR SPOUSE'S EMPLOYER WITH "T" OR "S" Employer Name and Address	Municipality where tax was withheld (W2 Box 20)	Total Wages, Earned Income (W2 Box 18)	1% Local Tax Withheld by Employer (W2 Box 19)

SEE INSTRUCTION ON BACK--ATTACH STATEMENTS AND SCHEDULES			TAXPAYER	SPOUSE
1	Total Wages and Earnings	W-2's & 1099's	1	1
2	Allowable Unreimbursed Business Expense	Fed 2106	2	2
3	Taxable Earnings from Employment (Subtract line 2 from line 1)		3	3
4	Net Loss from Self-Employment (Use line 6 for any profit)	Fed. Sch. C,E,F or K1	4	4
5	Sub Total (Subtract line 4 from line 3. If less than zero, enter zero)		5	5
6	Net Profit from Self-Employment	Fed. Sch. C,E,F or K1	6	6
7	Total Earned Income subject to this tax (Add lines 5 and 6)		7	7
8	Tax Liability (Line 7 x .01)		8	8
9	Earned Income Tax Withheld (From Column D above, attach W-2's)		9	9
10	Less local municipal taxes withheld from other municipalities greater than 1% (See #14, over)		10	10
11	Franklin Twp/Gen. McLane S.D. Earned Income Tax Withheld (Subtract line 10 from line 9)		11	11
12	LATE FILING FEE (If paid after April 15 without valid extension)		12	12
13	PENALTY & INTEREST (1% per month on unpaid balance after April 15)		13	13
14	TAX OWED (Add lines 11, 12, and 13)		14	14
15	BALANCE DUE or REFUND DUE (Subtract line 14 from line 8) Refunds only with complete documentation		15	15
16	NET TOTAL OWED (+) or REFUND DUE (-) (Add line 15 Columns C & D) Submit one check for both taxpayers. Only one check will be issued for combined refunds.		16	

I hereby certify that this return (including schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return; made in good faith and for the taxable period stated, pursuant to the Municipal Income Tax Resolution and the regulations issued thereunder.

Signature of person
preparing return
or taxpayer: _____

Date: _____

Signature of taxpayer
or spouse: _____

Date: _____

Make Checks Payable to June T Shelhamer,
Receiver of Taxes. Mail no later than Apr. 15, 2010
NO PAYMENTS REQUIRED OR REFUNDS MADE
FOR AMOUNTS LESS THAN \$1.00