

PGH-40 2009

CFD

CITY AND SCHOOL DISTRICT OF PITTSBURGH

Individual Earned Income For Calendar Year and/or Fiscal Year Ended _____

Check if Amended Return

PRINT NEATLY in CAPITAL LETTERS, and use BLACK INK

Check if you do not need a PGH-40 Tax Booklet next year

Taxpayer's Occupation _____ Spouse's Occupation _____	You MUST enter your complete 9-digit Social Security No. If married, include your Spouse's Name, Social Security No. and Occupation even if filing separately		
	Taxpayer's Social Security No.	Spouse's Social Security No.	
	Taxpayer's Last Name	Taxpayer's First Name	
	Spouse's Last Name	Spouse's First Name	
	Address _____	City _____	State _____
SIGNATURE & PHONE OF PREPARER -Other than taxpayer, based on all Information of which PREPARER has knowledge. X _____ Phone: _____			

FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married filing Jointly <input type="checkbox"/> Married filing Separately <input type="checkbox"/> Deceased Date Deceased ____/____/____			<input type="checkbox"/> Retired – No taxable income Date retired ____/____/____
----------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------------------------------------

RESIDENCY STATUS	<input type="checkbox"/> 1-Full-Year Pittsburgh Resident	<input type="checkbox"/> 2-Full-Year Mt. Oliver Resident (Complete WTEX on back)	<input type="checkbox"/> 3-Non-Resident of Pennsylvania Residing in (State/Country) _____ (Include visa or out-of-state return)	<input type="checkbox"/> 4-Part-Year Resident of Pittsburgh from ____/____ to ____/____ (Complete WTEX on back)	<input type="checkbox"/> 5-Non-Resident of Pittsburgh Residing within State of PA (Complete WTEX on back)
-------------------------	----------------------------------------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

1. EARNED INCOME - Gross wages, tips, salaries, commissions etc. Enclose photocopy of IRS Forms W-2, 1099 etc. on 8-1/2 x 11 paper.	Instructions on pages 5 & 6	1
2. DEDUCTION FOR UNREIMBURSED EMPLOYEE BUSINESS EXPENSES Must include copies of State of PA Schedule UE and specify occupation above.	Instructions page 6	2
3. TAXABLE EARNINGS Line 1 minus Line 2		3
4. NET PROFIT - From business, profession, partnerships etc. Include copies of PA Schedules C, RK-1 etc., if a loss, enter zero	See Instructions page 6	4
5. TOTAL GROSS COMPENSATION/NET PROFIT Line 3 plus Line 4 - If the result is a negative number enter 0		5
6. TAX – Multiply Line 5 by the tax rate; DO NOT ROUND TO THE NEAREST DOLLAR Pittsburgh Resident 3.0% (0.03) – Mt. Oliver Resident 2.0% (0.02) – Non-Resident of PA 1% (0.01)		6
7. TOTAL LOCAL TAX WITHHELD PER W-2(s) DO NOT INCLUDE THE \$52.00 LST TAX. Enclose photocopy of IRS Form W-2 on 8-1/2 x 11 paper		7
8. TOTAL ESTIMATED TAX PAYMENTS ON NP-5 UNDER Social Security No: _____ - _____ - _____		8
9. TOTAL PAYMENTS ON WT-4 UNDER Social Security No: _____ - _____ - _____		9
10. OTHER CREDITS Include a copy State Tax Return (PA-40) <u>AND</u> a worksheet showing your calculations	See instructions on page 7	10
11. TOTAL TAX CREDITS Add Lines 7, 8, 9 and 10		11
12. IF LINE 11 IS MORE THAN LINE 6 ----- ENTER AMOUNT OVERPAID CHECK ONE - <input type="checkbox"/> REFUND <input type="checkbox"/> CREDIT TOWARD 2010 TAXES. Amounts of \$2.00 or less will not be refunded or credited		12
13. IF LINE 6 IS MORE THAN LINE 11 ----- ENTER AMOUNT OWED Amounts of \$2.00 or less are not due		13
14. PENALTY AND INTEREST If filed after APRIL 15, 2010 , 1% per month of LINE 13	See instructions on page 7	14
15. TOTAL Add Line 13 and Line 14 ----- TOTAL AMOUNT REMITTED Make check payable to: TREASURER, CITY OF PITTSBURGH – DO NOT SEND CASH – SEE REVERSE SIDE FOR MAILING ADDRESS A \$30.00 service fee will be charged for any check returned from the bank for any reason.		15

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements. To the best of my knowledge and belief it is true, correct and complete.

SIGNATURE X	DATE (MM/DD/YY)	DAYTIME PHONE NO.	SPOUSE'S SIGNATURE – IF FILING JOINTLY, BOTH MUST SIGN X
----------------	-----------------	-------------------	-------------------------------------------------------------

SEE REVERSE SIDE FOR FORM WTEX, PLUS IMPORTANT INSTRUCTIONS ABOUT FILING YOUR RETURN

Form WTEX - NON-RESIDENT EXEMPTION CERTIFICATE

CLAIM FOR EXEMPTION FROM CITY OF PITTSBURGH AND/OR SCHOOL DISTRICT EARNED INCOME TAX
FOR FULL-YEAR OR PART-YEAR PENNSYLVANIA RESIDENTS ONLY

COMPLETE THIS FORM IF YOUR RESIDENCY STATUS IS ONE OF THE FOLLOWING:

2 - Full-Year Mt. Oliver Resident

4 - Part-Year Resident of Pittsburgh
 residing within the State of PA
 during all or part of 2009

5 - Non-Resident of Pittsburgh
 residing within the State of PA
 during all or part of 2009

If you lived in another state during any part of the year, include copies of your PA and out of state returns.

Taxpayer Name _____ Social Security No. _____ Daytime Phone _____

Current Address _____ City _____ State _____ Zip _____

I was a resident of (Boro or Township) _____ for all or part of year 2009.

I lived in the above municipality from _____ / _____ / _____ to _____ / _____ / _____

As a resident of this municipality I earned \$ _____ and I owe/paid \$ _____ in earned income tax.

Therefore I was not liable for City of Pittsburgh and/or School District of Pittsburgh Earned Income Tax.

MUST BE VERIFIED AND SIGNED BY YOUR LOCAL TAX COLLECTOR FROM A PENNSYLVANIA MUNICIPALITY

I certify that the person above was registered as a taxpayer in my jurisdiction for the tax year **2009** and owes or has paid the Earned Income Tax to his/her place of residence in the amount stated above.

SEAL

 Tax Collector's Signature Date Phone

A completed PGH-40 must accompany all WTEX Forms

The balance of tax due on Form PGH-40 must be paid in full by the filing date by check. **DO NOT SEND CASH.** Make check payable to "TREASURER, CITY OF PITTSBURGH" and mail it with your return. Please write your Account Number (found in the upper left corner of the Taxpayer Information Box on Form PGH-40) or Social Security Number on your check.

DO NOT STAPLE ANY PAPERS TO THE RETURN

IF ALL APPLICABLE INFORMATION IS NOT PROVIDED, YOUR PGH-40 WILL BE RETURNED

Please mail your completed PGH-40 Income Tax Return in the envelope provided using the correct color-coded label to the address indicated below.

REFUND REQUESTED	CREDIT REQUESTED	NO TAX DUE - NO REFUND
ATTENTION - REFUND TREASURER - CITY OF PITTSBURGH 414 GRANT ST PITTSBURGH PA 15219-2476	ATTENTION - CREDIT TREASURER - CITY OF PITTSBURGH 414 GRANT ST PITTSBURGH PA 15219-2476	ATTENTION - NO TAX DUE TREASURER - CITY OF PITTSBURGH PO BOX 2701 PITTSBURGH PA 15230-2701
<i>Returns sent to the incorrect address will be delayed</i>	TAX DUE - Partial OR No Payment Enclosed	TAX DUE - Full Payment Enclosed
	ATTENTION - PARTIAL or NO PAYMENT TREASURER - CITY OF PITTSBURGH 414 GRANT ST PITTSBURGH PA 15219-2476	ATTENTION - FULL PAYMENT TREASURER - CITY OF PITTSBURGH PO BOX 642583 PITTSBURGH PA 15264-2583