

Form HT-40 Final Tax Return • Township of Hampton and Hampton Township School District

DUE BY APRIL 15

CHECK HERE IF THIS IS A CHANGE OF ADDRESS FROM LAST YEAR'S RETURN.
MAKE NAME/ADDRESS CORRECTIONS BELOW.

Tax Year _____

MAKE CHECKS PAYABLE and RETURN TO TOWNSHIP OF HAMPTON

Tax Office
3101 McCully Road, Allison Park, PA 15101
Telephone—(412) 486-0400, Tax Department

OFFICE HOURS
8:00 A.M. TO 4:30 P.M. MONDAY THROUGH FRIDAY

Retired Deceased
Part-Year Resident
If Part-Year From (Mo/Yr) _____ to (Mo/Yr) _____

No Joint Returns. Attach complete documentation for lines 1, 2, 4, and 6.

(Please read instructions on back of form before completing return.)

1. Earned Income & Compensation (Use Box 16 – State Wages) (Attach W-2 Forms, 1099 Forms)
2. Less Allowable Business Expenses (Attach PA Schedule UE Forms & Federal 2106)
3. Total Earned Income & Compensation (Line 1 minus Line 2)
4. Net Loss from Business, Profession, Farm (Attach PA Schedule C, E, F, K-1)
5. Subtotal Net Earned Income & Compensation (Line 3 minus Line 4)
6. Net Profits from Business, Profession, Farm
(Attach PA Schedule C, E, F, K-1)
7. Total Taxable Earned Income and Net Profits (Line 5 plus Line 6)
(Attach verification of Sub-S Income, although excluded from local taxable income)
- 8. Calculation of Tax**
9. Tax Credits (Total of previous year's credit, quarterly tax payments and tax withheld by employer)
 - a. Prior Year Overpayment
 - b. Tax Withheld by Employer
 - c. Quarterly Tax Payments
 - d. TOTAL (Add a, b, and c)
10. Overpayment (If Line 9d is greater than Line 8) Choose one of the following:
Any amounts under \$10.00 will be automatically credited unless refund requested.
 - a. Credit (To the following year)
 - b. Refund to Taxpayer
No credit or refund will be processed without complete documentation.
 - c. Apply refund as donation to North Hills Community Outreach
11. Unpaid Tax Balance (If Line 9d is less than Line 8)
12. Penalty and Interest (Charges may be assessed for failure to make proper quarterly tax payments. Also, penalty and interest charges will be assessed at 1% per month of Line 11 for taxes paid after April 15.)
13. Total Payment Due (Line 11 plus Line 12) NO PAYMENTS UNDER \$1.00 ARE REQUIRED CC

	TAXPAYER ACCOUNT NUMBER	TAX OFFICE USE ONLY
1.		
2.	<	>
3.		
4.	<	>
5.		
6.		
7.		
8.		
9a.		
9b.		
9c.		
9d.		
10.		
10a.		
10b.		
10c.		
11.		
12.		
13.		

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN WAS EXAMINED BY ME AND IS, TO THE BEST OF MY KNOWLEDGE, A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE TAXPAYER	DATE	EMPLOYER
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TAXPAYER—RETAIN YELLOW COPY FOR YOUR RECORDS.	PROC. BY	DATE	CK.#	VERIFICATION <input type="checkbox"/> W-2 <input type="checkbox"/> Sch. C <input type="checkbox"/>
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