

CITY OF ALLENTOWN -LOCAL NIZ REPORTING

2015

**NEIGHBORHOOD IMPROVEMENT ZONE PROGRAM ANNUAL TAX REPORT
(Based on CASH BASIS payments made in 2015)**

1. Business Information

Calendar Year: 2015

Legal Name: _____

Doing Business As (DBA)/Trade Name: _____

Address within the NIZ: _____ City: _____ State: _____ ZIP Code: _____

Date business commenced operations in the NIZ: _____

(If more than one business location or project within the NIZ, please identify additional locations on a separate sheet.)

Did the business cease operations? Yes: _____ No: _____. If yes, indicated date business ceased (mm/dd/yyyy) _____

2. Business Tax Account Information

Federal Employer Identification Number: _____ PA Sales/Use Tax License Number: _____

PA Employer Withholding Account Number: _____ PA Corporate Tax Account Number: _____

Allentown Business Account Number: _____ Allentown Business License Number: _____

3. Contact Information

All questions concerning this report should be directed to the following contacts:

Name: _____ Title: _____

Telephone: _____ Email Address: _____

Name: _____ Title: _____

Telephone: _____ Email Address: _____

4. Business Information

Describe the type of business, principal product or service and parent company, if any:

How many employees are working within the NIZ? _____

5. Per Act 32, are you an employer that has elected to file a combined return? ___ (yes) ___ (no) If yes, please identify the County with whom you are filing and the identity of the local tax collector.

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Employer Wage/Earned Income Tax Schedule

(Based on CASH BASIS payments made in 2015)

Employers with business locations within the NIZ must identify local wage and/or earned income taxes remitted to the local taxing authority which was withheld from compensation paid to employees at the business location(s) within the NIZ.

Businesses must identify the total amount of local taxes paid for residents of the City of Allentown and also for residents of municipalities other than the City of Allentown with respect to local wage/earned income taxes withheld from or paid directly to employees working inside the NIZ.

The total amount of local wage/earned income taxes withheld from or paid is to be listed in Column A.

The total amount of local wage/earned income taxes withheld from or paid to employees working inside the NIZ who are residents of the City of Allentown are to be listed in Column B.

The total amount of local wage/earned income taxes withheld from or paid to employees working inside the NIZ who are residents of municipalities other than the City of Allentown are to be listed in Column C (Columns A, B and C should reconciled with quarterly tax returns filed with Local Earned Income Tax Collector).

Businesses are encouraged to consult payroll providers and company accounting records to determine employer withholding paid to each local taxing authority and refunded during the calendar year.

Note: NIZ reporting for local wage/earned income taxes is based on where employee lives, not where they work.

Tax Report	COLUMN A Total Payments made in 2015: Location(s) within NIZ	COLUMN B Total Payments made in 2015: Allentown Residents	COLUMN C Total Payments made in 2015: Non-Allentown Residents	COLUMN D Refunds received in 2015: Location(s) within NIZ
Total				

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Local Service Tax Schedule

(Based on CASH BASIS payments made in 2015)

Taxpayers must identify the Local Service Taxes remitted to the City of Allentown which were withheld from compensation paid to employees at business location(s) within the NIZ.

Note: NIZ reporting for Local Services Tax is based on where the employee works, not where they live.

Tax Report (continued)	COLUMN A Total Payments made in 2015: Local Service Taxes Allentown Consolidated	COLUMN B Total Payments made in 2015: Local Service Taxes Location(s) within NIZ	COLUMN C Refunds received in 2015: Local Service Taxes Allentown Consolidated	COLUMN D Refunds received in 2015: Local Service Taxes Location(s) within NIZ
Total				

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Business Privilege Tax and Licensing Fee Schedules

(Based on CASH BASIS payments made in 2015)

Business Privilege Taxes

All businesses must identify business privilege tax payments and business license fees remitted to the City of Allentown.

Tax Report (continued)	COLUMN A Total Payments made in 2015: Business Privilege Taxes Allentown Consolidated	COLUMN B Total Payments made in 2015: Business Privilege Taxes Location(s) within NIZ	COLUMN C Refunds received in 2015: Business Privilege Taxes Allentown Consolidated	COLUMN D Refunds received in 2015: Business Privilege Taxes Location(s) within NIZ
Total				

Business License Fees

Total Allentown Business License Fees Paid in 2015: \$ _____

Total Business Locations in the City of Allentown: _____

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Tax Remittance Summary – 2015

Tax and Fee Remittance Summary

Add all the Column A totals from each tax schedule to arrive at the sum of local taxes remitted to local taxing authorities by qualified businesses within the NIZ, and enter the figures below:

\$ _____ Column A - Employer Wage/Earned Income Tax Schedule

\$ _____ Column A - Local Service Tax

\$ _____ Column A - Business Privilege Tax

\$ _____ Column A - Total – All Tax Types

Add all the Column B totals from each tax schedule to arrive at the sum of local taxes remitted to location(s) within the NIZ, and enter the figures below:

\$ _____ Column B - Employer Wage/Earned Income Tax Schedule

\$ _____ Column B - Local Service Tax

\$ _____ Column B - Business Privilege Tax

\$ _____ Column B - Total – All Tax Types

Add all the Column D totals from each tax schedule to arrive at the sum of local taxes refunded to location(s) within the NIZ, and enter the figure below:

\$ _____ Column D - Employer Wage/Earned Income Tax Schedule

\$ _____ Column D - Local Service Tax

\$ _____ Column D - Business Privilege Tax

\$ _____ Column D - Total – All Tax Types

Total Business Privilege License Fee (from Page 4): \$ _____

Taxpayer Affirmation

“I hereby affirm under penalties prescribed by law that this report, including any accompanying schedules, has been examined by me, and to the best of my knowledge and belief is a true, correct and complete report.”

Signature of authorized taxpayer: _____ Print/Type preparer’s name: _____

Preparer’s signature if different than the taxpayer: _____ Date of Submission: _____

If you want to allow another person to discuss this report with the Department check here _____

Designee’s name: _____ Designee’s phone number: _____