

**FILING REQUIRED EVEN IF NO TAX DUE. LATE FILING OF THIS RETURN  
 SUBJECTS YOU TO INTEREST AND A MINIMUM PENALTY OF \$25.00**

**INCLUDE A COPY OF YOUR  
 FEDERAL 1040, PAGE1**

TAXPAYER SSN: \_\_\_\_\_  
 SPOUSE SSN: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE  
 LINES BELOW:**

DATE MOVED OUT OF CARLISLE: \_\_\_\_\_ INTO CITY: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 OLD ADDRESS: \_\_\_\_\_

PRINT TAXPAYERS NAME AND ADDRESS IN SPACE ABOVE

**I AM NOT REQUIRED TO COMPLETE LINES 1-14 OF THIS TAX RETURN BECAUSE:**

- ACTIVE DUTY MILITARY UNTIL DATE \_\_\_\_\_
- ONLY INCOME IS FROM NON-TAXABLE SOURCE, LIST SOURCE \_\_\_\_\_
- RETIRED PRIOR TO 2016
- MOVED FROM CARLISLE PRIOR TO 01/01 \_\_\_\_\_, LIST DATE OF MOVE \_\_\_\_\_
- UNDER 18 YEARS OF AGE
- TAXPAYER DECEASED, LIST DATE OF DEATH \_\_\_\_\_
- DATE OF BIRTH (REQUIRED) \_\_\_\_\_
- NO EMPLOYMENT, EXPLAIN \_\_\_\_\_

		OFFICE USE ONLY
1.	TOTAL QUALIFYING WAGES (USUALLY BOX 5) (ATTACH ALL W-2'S & 1099'S-MISC).....	\$ _____
2.	INCOME OTHER THAN WAGES FROM WORKSHEETS A & B ON REVERSE ..... (ATTACH COMPLETE FEDERAL RETURN & SCHEDULES)	\$ _____
2.	B. ADJUSTMENT TO INCOME (ATTACH 2106 AND FED SCHEDULE A) .....	\$ _____
3.	TOTAL INCOME (ADD LINES 1 AND 2. SUBTRACT LINE 2B) .....	\$ _____
4.	TAX - LINE 3 MULTIPLIED BY 1.50%.. .....	\$ _____
5.	A. CARLISLE LOCAL TAX WITHHELD (DO <u>NOT</u> INCLUDE SCHOOL TAX) .....	\$ _____
	B. 2016 ESTIMATED PAYMENTS (Printed amount may not reflect fourth quarter) AND PRIOR YEAR OVERPAYMENTS .....	\$ _____
	C. CREDIT FOR OTHER CITY TAX WITHHELD (CANNOT EXCEED 1.50%) PER CITY/PER W2) SEE WORKSHEET C ON REVERSE.....	\$ _____
	D. TOTAL TAX CREDITS (ADD LINES A, B, C) .....	\$ _____
6.	IF LINE 4 IS GREATER THAN LINE 5D ENTER BALANCE DUE (NOT DUE IF LESS THAN \$10.01) .....	\$ _____
7.	IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT REFUNDED IF LESS THAN \$10.01) AMOUNT TO BE REFUNDED _____ OR CREDITED TO 2017 .....	\$ _____
8.	LATE FILING PENALTY: _____ LATE PAYMENT PENALTY: _____ INTEREST: .....	\$ _____
9.	BALANCE DUE (ADD LINES 6 AND 8) .....	\$ _____

**DECLARATION OF ESTIMATED TAX FOR YEAR 2017**

**IF YOU OWE MORE THAT \$200 IN TAX THAT IS NOT WITHHELD, YOU MUST FILE AND PAY ESTIMATED TAX.**

10.	TOTAL ESTIMATED TAX FOR 2017 (1.50% X TOTAL INCOME) .....	\$ _____	\$ _____
11.	LESS CREDITS .....	\$ _____	\$ _____
	A. TAX PAID TO OTHER CITIES (NOT TO EXCEED 1.50% PER W2) .....	\$ _____	\$ _____
	B. OVERPAYMENT FROM PRIOR YEAR(S) .....	\$ _____	\$ _____
	C. TOTAL CREDITS .....	\$ _____	\$ _____
12.	NET TAX DUE (LINE 10 MINUS LINE 11C) .....	\$ _____	\$ _____
13.	AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 12) .....	\$ _____	\$ _____
14.	AMOUNT ENCLOSED 2016 \$ _____ (LINE 6) 2017 \$ _____ (LINE 13) .....	TOTAL \$ _____	\$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. (IF PREPARED BY A PERSON OTHER THAT TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.)

CHECK BOX IF WE MAY DISCUSS THIS RETURN  
 WITH YOUR PREPARER.

\_\_\_\_\_  
 SIGNATURE OF TAXPAYER (REQUIRED) DATE

\_\_\_\_\_  
 SIGNATURE OF TAXPAYER (REQUIRED) DATE

\_\_\_\_\_  
 Signature and number of Person Preparing if other than taxpayer Date

ATTACH W2'S HERE

## WORKSHEET A – OTHER INCOME

TYPE	LOCATION & TYPE	NET TAXABLE GAIN FROM FED. SCHEDULE	NET TAXABLE LOSS FROM FED. SCHEDULE
*Business income/Loss (Attach Federal Schedule C)			
Rental Income/Loss (Attach Federal Schedule E)			
Partnership Income/Loss (Attach Federal Schedule E/K-1)			
Farm Income/Loss (Attach Federal Schedule F)			
Attach W-2G(s) – Gambling Winnings Other Income			
<b>Not less than -0-</b>			

\*Net Profit (Loss) From Federal Schedule C

% Allocable to Carlisle – Residents: use 100%; Non-residents: complete Schedule Y below.

An individual who operates two or more sole proprietorships, rentals, farms, or reportable partnerships may offset them against each other to arrive at a total reportable net profit. A net loss cannot be used to offset W-2 income but may be carried forward 5 years beginning with loss incurred in 2016 (3 year carry forward for prior years).

Partnerships are reportable on this return when located in Carlisle or when the partnership is located outside Carlisle and is not reportable to another municipality that has a tax.

## WORKSHEET B – ADJUSTMENTS TO INCOME

1. EMPLOYEE BUSINESS 2106 EXPENSE .....	\$ _____
2. Minus Schedule A (2%) Deduction .....	\$ _____
Must attach both Schedule A and 2106 Subject to 2% Federal Limitations allowed	
TOTAL ADJUSTMENTS (1 minus 2) .....	\$ _____
	(put on Line 2B)

Must fully explain, plus support with documentation and calculations. Proration of income results in proration of credit.

## WORKSHEET C – CREDIT FOR TAXES PAID TO OTHER CITIES

Maximum of 1.5% credit allowed per city per W2

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LIST ALL CITIES EXCEPT CARLISLE	GROSS SALARIES, WAGES, ETC. (MEDICARE WAGES BOX 5 OF THE W2)	TAX WITHHELD	1.5% OF COLUMN 2	LESSER OF COLUMN 3 OR COLUMN 4
<b>CARRY TOTAL OF COLUMN 5 TO LINE 5 C ON TAX FORM</b>			<b>TOTAL ALLOWED:</b>	

## SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA (To be completed by all nonresidents with net profit or loss in Carlisle)

	LOCATED EVERYWHERE (A)	LOCATED IN CARLISLE (B)	PERCENTAGE (B / A)
<b>STEP 1.</b> Original Cost of Real and Tangible Personal Property Gross Annual Rents Paid Multiplied by 8 <b>TOTAL STEP 1</b>	_____	_____	_____
<b>STEP 2.</b> Wages, Salaries and Other Compensation Paid	_____	_____	_____
<b>STEP 3.</b> Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____
<b>STEP 4.</b> Total Percentages (Add Percentages from Steps 1-3)			_____
<b>STEP 5.</b> Apportionment Percentage (Divide Step 4 by Number of Percentages Used) ENTER ON WORKSHEET B, LINE 1b			_____