Regarding taxes. I collaborated with Mr. Jadlowiec, CPA, to assess individual tax responsibilities, review the tax report itself, and clarify the refund, and other questions. His data was used to parse variances between myself and E. Herrman which was based on a difference of incomes of about 30% which understandably would result in a greater tax responsibility of E. Herrman. The data of the tax return and amended return were used and are included here for review. E. Herrman paid taxes of \$8218 which included our mutually shared federal and state tax and her Pine Twp individual responsibility of \$2653. We filed jointly. E. Herrman was responsible solely for Pine Twp. School tax of \$2653 as monies were inadvertently directed to Pittsburgh School District (\$7,957) by her employer but later refunded. She independently paid \$2,653 to Pine Twp as part of \$8218 she submitted thus the difference after subtracting that amount of \$2653 from \$8218 is our shared responsibility. That amount \$5565 (amount left of total taxes of \$8218 minus E. Herrman's payment of Pine school district of \$2653) was used to determine each persons responsibility using the data from the tax report. As expected because E. Herrman earned approximately 30% more than me, one can see an expected greater responsibility of the \$5565 for E. Herrman. See page 31 / 50 in report to confirm data which I have included

lan Gabos was responsible for \$2424 of remaining the \$5565 and E. Herrman \$3141. This is based on the higher income reported on that page (31/50) by 29.6%.

Please see sections of tax return included here.

As a result I, Ian Gabos, owes E. Herrman \$2424 as it was reported that she paid all taxes.

See Spreadsheet

Ian Gabos

Incomes reported somewhat higher than on Page 31. Page 31 figures were used to assess each persons responsibility after subtracting E. Herrman's school district of \$2653. That page references tax breakdown for state, federal and school. The school tax was later corrected to \$2653.

|  |                                   | ** If you need a       | idditional space | e - please provide a separat | e sneet        |                       |
|--|-----------------------------------|------------------------|------------------|------------------------------|----------------|-----------------------|
| LAST NAME, FIRST NAME, MIDDLE INITIAL                            |                                   |                        |                  | T NAME, MIDDLE INITIAL       |                |                       |
| GABOS, IAN M.  |                                   | HERRMAN                | , ELIZAB         | ETH P.                       |                |                       |
| STREET ADDRESS (No PO Box, RD or RR)                             |                                   |                        |                  |                              |                |                       |
| 618 FAIRGATE DR  |                                   |                        |                  |                              |                |                       |
| SECOND LINE OF ADDRESS   |                                   |                        |                  |                              |                | 5 40 5 .              |
|  |                                   |                        |                  |                              |                | Page 49 of return     |
| CITY   |                                   |                        |                  | STATE ZIP CODE               |                |                       |
| WEXFORD  |                                   |                        |                  | PA 15090                     | -              |                       |
| DAYTIME PHONE NUMBER   | RESIDENT PSD CODE<br>711001       | DOTE NO LOS            |                  | TI IDNI TO NON DEGIDE        | I              |                       |
| The color delices are added in the first colors                  |                                   | Social Sec             |                  | Spouse's Social Secur        |                |                       |
| The calculations reported in the first column                    | •                                 | 195-72                 |                  | 161-74-194                   |                |                       |
| name printed in the column, regardless of wh                     |                                   |                        |                  | If you had NO EARNED IN      | _              |                       |
| Combining income is NOT p  | ermitted.                         | check the re           |                  | check the reason wh          | -              |                       |
| ONLY USE BLACK OR BLUE INK TO COM                                | ADI ETE TUIO FORM                 | disabled               | student          |                              | ıy.<br>student |                       |
| ONLY USE BLACK OR BEGEINK TO COM                                 | MPLETE THIS FORM                  | deceased               | military         |                              | military       |                       |
| Single X Married Filing Jointly Married Filing                   | 🗆                                 | homomakor              | ratinary         |                              | retired        |                       |
| Single 22 Married, Filing Jointly Warried Filing                 |                                   | unemployed             |                  | unemployed                   | retired        |                       |
| <ol> <li>Gross Compensation as Reported on W-2(s). (f</li> </ol> | Englace W/Oc)                     |                        | 199734.00        |                              | 60.00          |                       |
| Unrelimburged Employee Business Expenses. (                      |                                   |                        | .00              |                              | 00.00          |                       |
| Other Taxable Earned Income *                                    | Elidiose PA odrieddie OLJ         |                        | .00              |                              | .00            |                       |
| Total Taxable Earned Income (Subtract Line :                     | 2 from Line 1 and add Line 3).    |                        | 199734.00        | 2652                         |                |                       |
| Net Profit (Enclose PA Schedules*)                               | E ITOTT LATE T ATTO AGG LITTE OF  |                        | .00.             | 2002                         | .00            |                       |
| NON-TAXABLE S-Corp earnings check this box                       | r                                 |                        | .00              |                              | .00            |                       |
| Net Loss (Enclose PA Schedules*)                                 |                                   |                        | .00              |                              | .00            |                       |
| Total Taxable Net Profit (Subtract Line 8 from Line              | 5. If less than zero, enter zero) |                        | .00              |                              | .00            |                       |
| Total Taxable Earned Income and Net Profit (A)                   |                                   |                        | 199734.00        | 2652                         |                |                       |
| Total Tax Liability (Line 8 multiplied by                        | 1.0000                            |                        | 1997.00          |                              | 53.00          |                       |
| 10. Total Local Earned Income Tax Withheld (May                  | not equal W-2 - See Instr.)       |                        | 1997.00          |                              | .00            |                       |
| 11. Quarterly Estimated Payments/Credit From Pre                 |                                   |                        | .00              |                              | .00            |                       |
| 12. Out-of-State or Philadelphia Credits (include su             |                                   |                        | .00              |                              | .00            |                       |
| 13. TOTAL PAYMENTS and CREDITS (Add Lines                        |                                   |                        | 1997.00          |                              | .00            |                       |
| 14. Refund IF MORE THAN \$1.00, enter amount (c                  |                                   |                        | .00              |                              | .00            |                       |
| 15. Credit Taxpayer/Spouse (Amount of Line 13 you wa             |                                   |                        | .00              |                              | .00            |                       |
| Credit to next year Credit to sp                                 | ouse                              |                        |                  |                              |                |                       |
| 18. EARNED INCOME TAX BALANCE DUE (Line                          | 9 minus Line 13)                  |                        | .00              | 26                           | 53.00          |                       |
| 17. Penalty after April 15* (multiply Line 16 by                 | )                                 |                        | .00              |                              | .00            |                       |
| 18. Interest after April 15* (multiply Line 16 by                | )                                 |                        | .00              |                              | .00            |                       |
| 19. TOTAL PAYMENT DUE (Add Lines 16, 17, and                     | d 18)                             |                        | .00              | 26                           | 53.00          |                       |
| * See Instructions   |                                   |                        |                  |                              |                |                       |
| Under penalties of perjury, I (we)                               | declare that I (we) have exam     | ined this informatio   | n, including all | accompanying                 |                |                       |
| schedules and statement  | s and to the best of my (our) b   | belief, they are true, | correct and co   | mplete.                      |                |                       |
| YOUR SIGNATURE   | SPOUSE'S                          | SIGNATURE (If Fil      | ing Jointly)     | DATE (MM/DD/                 | YYYY)          |                       |
|  |                                   |                        |                  |                              |                |                       |
| PREPARER'S PRINTED NAME & SIGNATURE                              |                                   |                        |                  | PHONE NUMBER                 |                |                       |
| BRADLEY P. JADLOWIEC, CPA,                                       | M BRADLEY P.                      | JADLOWIEC              | , CPA, M         | 1 (412) 486-92               | 50             |                       |
|  |                                   |                        |                  | ,                            | _              |                       |
| Gross Compensation as Reported on                                | W-2(s) (Enclose W-2s)             |                        |                  | 199734.00                    |                | 265260.00             |
| Unreimbursed Employee Business Ex                                |                                   | hedule LIE\            |                  | .00.                         | $\vdash$       | .00                   |
|  | penses. (Enclose FA 50            | nedule UE)             |                  |                              | $\vdash$       |                       |
| Other Taxable Earned Income *                                    |                                   |                        |                  | .00                          | $\vdash$       | .00                   |
| <ol> <li>Total Taxable Earned Income (Subtr</li> </ol>           | act Line 2 from Line 1 a          | nd add Line 3)         |                  | 199734.00                    | I              | 265260 <sub>.00</sub> |

Page 31 / 50 gives income reported and taxes that one can use to assess individual responsibility of remaining difference in taxes after school tax per E. Herrman subtracted. (\$8218-\$2653 = \$5565)

IAN M. GABOS & ELIZABETH P. HERRMAN

195-72-1661

| FORM 1040 V  | WAGES RECEIVED AND TAXES WITHHELD |                 |                 |                |             | EMENT 1         |  |
|--|-----------------------------------|-----------------|-----------------|----------------|-------------|-----------------|--|
|  |                                   | FEDERAL         | STATE           | CITY           |             |                 |  |
| E EMPLOYER'S NAME                                    | AMOUNT<br>PAID                    | TAX<br>WITHHELD | TAX<br>WITHHELD | SDI<br>TAX W/H | FICA<br>TAX | MEDICARE<br>TAX |  |
| T ADP TOTALSOURCE<br>SERVICES INC<br>S UNIVERSITY OF | 194,121.                          | 37,679.         | 6,132.          | 1,997.         | 9,932       | 2,897.          |  |
| PITTSBURGH PHYSICIANS<br>S UNIVERSITY OF             | 222,371.                          | , ·             | 7,249.          | 4              | 9,932       | 4,456.          |  |
| PITTSBURGH -   | 24,673.                           | 1,089.          | 895.            |                |             |                 |  |
| TOTALS =   | 441,165.                          | 86,338.         | 14,276          | 9,954.         | 19,864      | 7,353.          |  |
|  |                                   |                 |                 |                |             |                 |  |
| FORM 1040  | QUA                               | LIFIED DIVI     | DENDS           |                | STATI       | EMENT 2         |  |
|  |                                   |                 |                 |                |             |                 |  |

Used to calculate breakdown of \$5565 which was part of taxes shared in proportion to incom

|   | 50clal security number 74-1945       | OMB No. 15             | 45-0008  | 3  |       |   |                            |  |
|---|--------------------------------------|------------------------|--|--|-------|---|----------------------------|--|
| b Employer Identification number (EIN) 23-2919472                           |                                      |                        |  | ss, tips, other compensation<br>222,37         | 1.    | <sup>2</sup> Federal Income tax withheld<br>47,570. |                            |  |
| C Employer's name, address, and DF code UNIVERSITY OF PITTSBURGH PHYSICIANS |                                      |                        | <sup>3</sup> Social security wages<br>160,200. |  |       | 4 Social security tax withheld<br>9,932.00          |                            |  |
| 600 GRANT STREET<br>PITTSBURGH  | 600 GRANT STREET PITTSBURGH PA 15219 |                        |  |  | 7.    | 6 Medicare tax withheld<br>4,456.00                 |                            |  |
|   |                                      |                        | 7 Socia  | d security tips                                |       | 8 Allocated tips                                    |                            |  |
| d Control number  |                                      |                        | 9  |  |       | 10 Dependent care ben                               | effs                       |  |
| 6 Employee's first name and Initial Last na                                 | me                                   | Suff.                  | 11 Nana  | ualMed plans                                   |       | 8 C   | 426.                       |  |
| ELIZABETH P. HERRMAN<br>618 FAIRGATE DR                                     |                                      |                        | 13 Stat  | tutory Retirement Third-<br>ployee plan sick p |       | 8 D   | 14,167.                    |  |
| WEXFORD   | PA 1509                              | 0                      | 14 Other                                       | ,  |       | 9 12c   |                            |  |
|   |                                      |                        |  |  |       | 9 12d   |                            |  |
| f Employee's address and DF code  |                                      |                        |  |  |       |   |                            |  |
| PA 90098310   | 16 State wages, tips, etc. 236, 112. | 17 State Income 7 , 24 | 9.00   | 18 Local wages, tips, etc. 236,112             |       | 9 Local Income tax                                  | 20 Localty name<br>PINE TW |  |
|   |                                      |                        |  |  |       | 7,083.00  | PITTSBU                    |  |
| Form W-2 Wage and Tax S   | tatement                             | 202                    | 23   | Dep  | artme | ent of the Treasury - Intern                        | d Revenue Service          |  |

Copy 1 - For State, City, or Local Tax Department

3. Employee's social security number 161-74-1945 OMB No. 1545-0008  $^{1}$  Wages, fips, other compensation  $24\,,673\,$ umber (EIN) 2 Federal Income tax withheld 1,089 25-0965591 Employer's name, address, and IP code
UNIVERSITY OF PITTSBURGH 8 Social security wages 4 Social security tax withheld 4200 FIFTH AVENUE 5 Medicare wages and fips 6 Medicare tax withheld PITTSBURGH PA 15260 8 Allocated tips 7 Social security tips d Control number 10 Dependent care benefits 11 Nonqualfied plans 12a Employee's first name and initial E 2,275 13 Statutory employee ELIZABETH P. HERRMAN 12b 618 FAIRGATE DR G 2,200. PA 15090 WEXFORD 12c 6,972. 8 DD | 12d Employee's address and DF code 18 Local wages, tips, etc. 29 , 148 16 State wages, tips, etc. 29,148 20 Locally name PINE TW PA 15985369 17 State Income tax 895.00

Form W-2 Wage and Tax Statement

2023

874.00 PITTSBU Department of the Treasury - Internal Revenue Service

Copy 1 - For State, City, or Local Tax Department

|  | e's social security number<br>-72-1661  | OMB No. 15             | 545-0008  | 8   |       |                      |                               |          |
|--|---|------------------------|-----------|---|-------|----------------------|-------------------------------|----------|
| b Employer Identification number (EIN)<br>59-2452825         |   |                        | 1 Wage    | *2, tip2, other compensation<br>194,12      | 1.    | 2 Pederal I          | ncome tax withheld<br>37,679  | 9.       |
| C Employer's name, address, and EIF code ADP TOTALSOURCE SER | VICES INC                               |                        | 3 Section | al security wages<br>160,20                 | ο.    |                      | 9,932.0                       | 00       |
| 1 ADP DRIVE<br>AUGUSTA                                       | GA 30909                                | )                      | 5 Med     | care wages and tips<br>199,78               | 3.    |                      | 2,897.0                       | 00       |
|  |   |                        | 7 Sect    | al security tips                            |       | 8 Allocated          | i tips                        |          |
| d Control number   |   |                        | 9         |   |       |                      | ent care benefits             |          |
| e Employee's first name and initial Last                     | name                                    | Suff.                  | 11 None   | guziMed plans                               |       | , 12a<br>8 C         | 49                            | 9.       |
| IAN M. GABOS<br>618 FAIRGATE DR                              |   |                        | 13 Eta    | tutory Metirement Third-ployee plan sick p: |       | 12b<br>8 D           | 5,662                         | 2.       |
| WEXFORD  | PA 1509                                 | 00                     | 14 Other  | •   |       | 12c<br>8 W           | 1,120                         | ο.       |
|  |   |                        |           |   |       | 12d<br>8 AA          | 16,838                        | 8.       |
| f Employee's address and IIP code                            |   |                        |           |   | _     |                      |                               |          |
| 15 State Employer's state ID number PA 19323302              | 16 State wages, tips, etc.<br>199, 734. | 17 State Income 6 , 13 | 2.00      | 18 Local wages, tips, etc.<br>199,734       |       | 9 Local Incom<br>1,9 | 97.00PINE T                   | ne<br>TW |
|  |   |                        |           |   |       |                      |                               |          |
| Form W-2 Wage and Tax  | Statement                               | 202                    | 23        | Dep   | artme | ent of the Treas     | sury - Internal Revenue Servi | vice     |

Copy 1 - For State, City, or Local Tax Department

Kinol Sharie Leyh & Associates 3740 Mount Royal Boulevard Allison Park, PA 15101-3525

April 16, 2024

Ian M. Gabos & Elizabeth P. Herrman
618 Fairgate Dr
Wexford, PA 15090

Dear Ian & Elizabeth:

Enclosed are your 2023 income tax returns and 2024 estimated tax vouchers.

Specific filing instructions are as follows.

## FEDERAL INCOME TAX RETURN:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS. Do not mail the paper copy of the return to the IRS.

Your check for \$5,486, payable to the United States Treasury, must be paid by October 15, 2024. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2023 Form 1040" on your check.

Mail to - Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501

## FEDERAL ESTIMATED TAX VOUCHERS:

Separately mail voucher 1 of Form 1040-ES as soon as possible.

Mail to - Internal Revenue Service P.O. Box 802502 Cincinnati, OH 45280-2502

Enclose your check for \$3,690, payable to the United States Treasury. Include your social security number and the words "2024 Form 1040-ES" on your check.

Retain vouchers 2, 3 and 4 in your files and mail to the

above address on or before the dates indicated.

For your reference we have listed all estimated tax payments and their original due dates below. Vouchers requiring no payment should not be filed.

```
Voucher no. 1 by 04/15/24 ...... $3,690
Voucher no. 2 by 06/17/24 ..... $3,690
Voucher no. 3 by 09/16/24 ..... $3,690
Voucher no. 4 by 01/15/25 ..... $3,690
```

## PENNSYLVANIA INCOME TAX RETURN:

This return has been prepared for electronic filing. Please sign, date, and return Form PA-8879 to our office. We will then submit your electronic return to the PDOR. Do not mail the paper copy of the return to the PDOR.

Your check for \$79, payable to PA Department of Revenue, must be mailed by October 15, 2024. Be sure to attach your payment to Pennsylvania Form PA-V, Payment Voucher. Include your social security number and the words "2023 PA Tax" on your check.

Mail to - PA Department of Revenue PA-V Payment Enclosed 1 Revenue Place Harrisburg, PA 17129-0001

PINE TWP/PINE-RICHLAND SD INCOME TAX RETURN:

Your city return must be mailed on or before October 15, 2024.

Mail to - Keystone Collections Group PO Box 529 Irwin, PA 15642-0529

Enclose your check for \$2,653, payable to Keystone Collections Group. Include your social security number and daytime phone number on your check.

PITTSBURGH CITY/PITTSBURGH SD INCOME TAX RETURN:

Your city return must be mailed on or before October 15, 2024.

Mail to - Jordan Tax Service Allegheny Co Central TCD, Frick BLDG 437 Grant St, Ste 900 Pittsburgh, PA 15219-6101

No payment is required as you are to receive a refund in the

From initial tax report. The amount of \$7957 was refunded to E. Herrman by Pgh School District as employer mistakenly directed it there. She later owed and paid \$2653 to Pine Twp based her income.

amount of \$7,957.

We prepared the returns from information you furnished us without verification. Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the returns for completeness and accuracy.

We are also enclosing the documents you gave us to assist in the preparation of the returns.

The status of your estimated tax payments should be reviewed each quarter to assure avoidance of penalties.

Your federal estimate was prepared based on the assumption that your withholdings from wages and pensions for 2024 will be at least \$86,934. If it becomes apparent that your actual withholding will be less than this amount, please notify us at once so that an amended declaration may be considered.

We have enclosed mailing envelopes for your convenience in filing your returns.

We recommend that you use certified mail with postmarked receipts for proof of timely filing.

We are also enclosing a statement for the preparation of your individual income tax returns.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

CLGS-32-1 (04-16)

# PINE TWP/PINE-RICHLAND S D TAXPAYER ANNUAL

# LOCAL EARNED INCOME TAX RETURN

| You are entitled to receive a written explanation of you             |                                     | eal, enfo | rcement, refund and | d collection of local |               | ax Year   | 2023           |
|--|-------------------------------------|-----------|---------------------|-----------------------|---------------|-----------|----------------|
| If you have relocated during the tax year, please sup                |                                     |           | 0004.00             | DOOT OFFICE           |               |           | ZIP            |
| DATES LIVING AT EACH ADDRESS STREET AD                               | DRESS (No PO Box, RD or F           | H)        | CITY OF             | R POST OFFIC          | E SI          | ATE       | ZIP            |
|  |                                     |           | l                   |                       |               |           |                |
|  |                                     |           |                     |                       |               |           |                |
|  |                                     |           |                     |                       |               |           |                |
|  |                                     |           |                     |                       |               |           |                |
|  |                                     |           | ** If you need a    | additional space      | ce - please   | provide a | separate sheet |
| LAST NAME, FIRST NAME, MIDDLE INITIAL                                |                                     | - 1       | SPOUSE'S LAS        |                       |               |           |                |
|  |                                     |           | HERRMAN             |                       |               |           |                |
| GABOS, IAN M.  |                                     |           | HERRIMAN            | , BUIDA               | DEIII 1       | •         |                |
| STREET ADDRESS (No PO Box, RD or RR)                                 |                                     |           |                     |                       |               |           |                |
| 618 FAIRGATE DR  |                                     |           |                     |                       |               |           |                |
| SECOND LINE OF ADDRESS   |                                     |           |                     |                       |               |           |                |
|  |                                     |           |                     |                       |               |           |                |
| CITY   |                                     |           |                     |                       | STATE         | ZIP CO    |                |
| WEXFORD  |                                     |           |                     |                       | PA            | 1509      | 90             |
| DAYTIME PHONE NUMBER   | RESIDENT PSD CODE                   | Т         |                     |                       |               |           |                |
|  | 711001                              | EX        | TENSION [           | AMENDED F             | RETURN 2      | NON-F     | ESIDENT        |
| The calculations reported in the first column MUS                    |                                     | _         | Social Se           |                       |               |           | al Security #  |
|  |                                     | "I        | 195-72              |                       |               | 51-74     |                |
| in the column, regardless of whether the hust                        |                                     | l.,       |                     |                       |               |           | RNED INCOME,   |
| Combining income is NOT p  | ermitted.                           | lit y     |                     |                       |               |           |                |
|  |                                     |           | _ check the re      |                       |               |           | ason why:      |
| ONLY USE BLACK OR BLUE INK TO COL                                    | MPLETE THIS FORM                    | −11⊨      | disabled            | stude                 |               | abled     | student        |
|  |                                     |           | deceased            | militar               | y L dec       | ceased    | military       |
| Single X Married, Filling Jointly Married, Fillin                    | g Separately Final Return*          |           | homemaker           | retired               | i 🖳 hor       | memaker   | retired        |
|  |                                     |           | unemployed          | l                     | une           | employed  |                |
| 1. Gross Compensation as Reported on W-2(s). (                       | Enclose W-2s)                       |           |                     | 199734.0              | 0             |           | 265260.00      |
| Unreimbursed Employee Business Expenses.                             |                                     |           |                     | .0.                   | 0             |           | .00            |
|  |                                     | -         |                     | .0.                   |               |           | .00            |
|  |                                     |           |                     | 199734.0              |               |           | 265260.00      |
| 4. Total Taxable Earned Income (Subtract Line                        |                                     |           |                     | 0.                    |               |           | .00            |
|  |                                     | -         |                     | .0                    | ۷             |           | .00            |
| NON-TAXABLE S-Corp earnings check this bo                            |                                     | _         |                     |                       |               |           |                |
| Net Loss (Enclose PA Schedules*)                                     |                                     |           |                     | .0.                   |               |           | - 100          |
| 7. Total Taxable Net Profit (Subtract Line 6 from Lin                | ie 5. If less than zero, enter zero | )         |                     | .0                    |               |           | .00            |
| 8. Total Taxable Earned Income and Net Profit (A                     | dd Lines 4 and 7)                   |           |                     | 199734.0              | 0             |           | 265260.0       |
| 9. Total Tax Liability (Line 8 multiplied by                         | 1.0000 )                            |           |                     | 1997.0                | 0             |           | 2653.00        |
| 10. Total Local Earned Income Tax Withheld (May                      | not equal W-2 - See Instr.)         |           |                     | 1997.0                | 0             |           | 7957.00        |
| Quarterly Estimated Payments/Credit From Pr                          |                                     |           |                     | .0                    |               |           | 2653.00        |
| Out-of-State or Philadelphia Credits (include si                     |                                     |           |                     | .0                    |               |           | .00            |
|  |                                     |           |                     | 1997.0                | -             |           | 10610.00       |
|  |                                     | -         |                     | .0                    |               |           | 7957.0         |
| 14. Refund IF MORE THAN \$1.00, enter amount (                       |                                     | -         |                     |                       |               |           | .00            |
| <ol> <li>Credit Taxpayer/Spouse (Amount of Line 13 you wa</li> </ol> |                                     | _         |                     | .0                    | 0             |           | .07            |
| Credit to next year Credit to sg                                     |                                     | +         |                     |                       | _             |           |                |
| 16. EARNED INCOME TAX BALANCE DUE (Line                              | 9 minus Line 13)                    |           |                     | .0                    | _             |           | .00            |
| 17. Penalty after April 15* (multiply Line 16 by                     | ) .                                 |           |                     | .0                    | 0             |           | .00            |
| 18. Interest after April 15" (multiply Line 16 by                    | ) .                                 |           |                     | .0                    | 0             |           | .00            |
| 19. TOTAL PAYMENT DUE (Add Lines 16, 17, an                          | d 18)                               |           |                     | .0                    | 0             |           | .00            |
| * See Instructions   |                                     |           |                     |                       |               |           |                |
| Under penalties of perjury, I (we)                                   | declare that I (we) have ex         | amine     | d this information  | on, including a       | II accompa    | nying     |                |
|  | ts and to the best of my (ou        |           |                     |                       |               | ,         |                |
|  |                                     |           | GNATURE (If F       |                       | o c. riprotor | DATE (    | MM/DD/YYYY)    |
| YOUR SIGNATURE   | SP-00SI                             | 0 010     | GIAM TONE (II'F)    | mig Jointry)          |               | I SAILE ( |                |
|  |                                     |           |                     |                       | PLICA         | NE NUMBI  | ED.            |
| PREPARER'S PRINTED NAME & SIGNATURE                                  |                                     |           | DI 01:150           | ar.                   |               |           |                |
| BRADLEY P. JADLOWIEC, CPA,   | M BRADLEY P.                        | . J2      | TDTOMIEC            | , CPA,                | M (41)        | 48        | 6-9250         |