## PINE TWP/PINE-RICHLAND S D TAXPAYER ANNUAL

## LOCAL EARNED INCOME TAX RETURN

| You are entitled to receive a written explanation of you   |                                     | eal, enfor         | cement, refund and o | collection of local | taxes. C   | Contact your Ta<br>Tax Ye      |                 | er.<br>2023      |  |
|--|-------------------------------------|--------------------|----------------------|---------------------|------------|--------------------------------|-----------------|------------------|--|
| * If you have relocated during the tax year, please su     |                                     | , <sub>D</sub> , T | OITY OD              | DOCT OFFIC          |            |                                | ai j            | ZIP              |  |
| DATES LIVING AT EACH ADDRESS STREET AD                     | DRESS (No PO Box, RD or F           | RR)                | CITY OR              | POST OFFIC          | <u> </u>   | STATE                          |                 | ZIP              |  |
|  |                                     |                    |                      |                     |            |                                |                 |                  |  |
|  |                                     |                    |                      |                     |            |                                |                 |                  |  |
|  |                                     |                    |                      |                     |            |                                |                 |                  |  |
| 4.4  |                                     |                    |                      |                     |            |                                |                 |                  |  |
|  |                                     |                    | ** If you need ac    |                     |            |                                |                 |                  |  |
| LAST NAME, FIRST NAME, MIDDLE INITIAL                      |                                     |                    | SPOUSE'S LAST        |                     |            |                                | E IN            | TIAL             |  |
| GABOS, IAN M.  |                                     |                    | <u>HERRMAN,</u>      | ELIZA               | BET        | <u>H P.</u>                    |                 |                  |  |
| STREET ADDRESS (No PO Box, RD or RR)                       |                                     |                    |                      |                     |            |                                |                 |                  |  |
| 618 FAIRGATE DR  |                                     |                    |                      |                     |            |                                |                 |                  |  |
| SECOND LINE OF ADDRESS                                     |                                     |                    |                      |                     |            |                                |                 |                  |  |
|  |                                     |                    |                      |                     |            |                                |                 |                  |  |
| CITY   |                                     |                    |                      |                     | STAT       | E ZIP                          | COD             | E                |  |
| WEXFORD  |                                     |                    |                      |                     | PΑ         | 1!                             | 509             | 0                |  |
| DAYTIME PHONE NUMBER                                       | RESIDENT PSD CODE                   |                    |                      |                     |            |                                |                 |                  |  |
| BATTIMET HOME NOMBER                                       | 711001                              | EX                 | TENSION 🔲            | AMENDED R           | RETUF      | RN X NC                        | N-RE            | SIDENT .         |  |
| The calculations reported in the first column MUS          |                                     | _                  | Social Seci          |                     |            |                                |                 | Security #       |  |
| in the column, regardless of whether the hus               |                                     | ~                  | 195-72-              | ,                   |            | 161-74-1945                    |                 |                  |  |
| Combining income is NOT                                    |                                     | lf ve              |                      |                     | If vo      | , If you had NO EARNED INCOME, |                 |                  |  |
| Combining income is NOT                                    | permitted.                          | " ,                | check the rea        |                     | -,  ,\     | check the                      |                 |                  |  |
| 0.11 V 1/05 DI 40K OD DI 1/5 INK TO 00                     | MADE ETE TIMO FORM                  |                    | disabled             | studer              |            | disabled                       | o roa           | student          |  |
| ONLY USE BLACK OR BLUE INK TO CO                           | MPLETE THIS FORM                    | ᄩ                  | =                    |                     |            | decease                        | 4               | military         |  |
|  |                                     | <u> </u>           | deceased             | military            |            | 5                              |                 | retired          |  |
| Single X Married, Filing Jointly Married, Filing           | ng Separately Final Return*         | <u> -</u>          | 」homemaker<br>□      | retired             | -          | 」homema                        |                 | retired          |  |
|  |                                     |                    | unemployed           | 00724               | ┵          | _ unemplo                      |                 | CE 2 C 0 00      |  |
| 1. Gross Compensation as Reported on W-2(s).               |                                     | .                  |                      | 99734.00            |            |                                |                 | 65260.00         |  |
| <ol><li>Unreimbursed Employee Business Expenses.</li></ol> | (Enclose PA Schedule UE)            |                    |                      | .00                 |            |                                |                 | .00              |  |
| Other Taxable Earned Income *                              |                                     | 1                  |                      | .00                 |            |                                |                 | .00              |  |
| 4. Total Taxable Earned Income (Subtract Line              | 2 from Line 1 and add Line          | 3)                 | 1                    | <b>.99734</b> .00   | )          |                                | 2               | <b>65260</b> .00 |  |
| 5. Net Profit (Enclose PA Schedules*)                      | <u></u>                             |                    |                      | .00                 | )          |                                |                 | .00              |  |
| NON-TAXABLE S-Corp earnings check this bo                  | ox:                                 |                    |                      |                     |            |                                |                 |                  |  |
| 6. Net Loss (Enclose PA Schedules*)                        |                                     |                    |                      | .00                 |            |                                |                 | .00              |  |
| 7. Total Taxable Net Profit (Subtract Line 6 from Li       | ne 5. If less than zero, enter zero | )                  |                      | .00                 |            |                                |                 | .00              |  |
| 8. Total Taxable Earned Income and Net Profit (            |                                     |                    | 1                    | . <b>99734</b> .oo  |            |                                | 2               | <b>65260</b> .00 |  |
| 9. Total Tax Liability (Line 8 multiplied by               | 1.0000 )                            |                    |                      | o                   |            |                                | <b>2653</b> .00 |                  |  |
| 10. Total Local Earned Income Tax Withheld (May            | not equal W-2 - See Instr.)         |                    |                      | 1997.00             | )          |                                |                 | <b>7957</b> .00  |  |
| 11. Quarterly Estimated Payments/Credit From P             |                                     |                    |                      | .00                 | )          |                                |                 | 2653.00          |  |
| 12. Out-of-State or Philadelphia Credits (include s        |                                     | .                  | .00                  |                     |            |                                |                 | .00              |  |
| 13. TOTAL PAYMENTS and CREDITS (Add Line                   |                                     |                    |                      | 1997.00             | )          |                                |                 | 10610.00         |  |
| 14. <b>Refund</b> IF MORE THAN \$1.00, enter amount        |                                     |                    |                      | .00.                |            |                                |                 | 7957.00          |  |
| 15. Credit Taxpayer/Spouse (Amount of Line 13 you w        |                                     |                    |                      | .00                 |            |                                |                 | .00              |  |
| Credit to next year Credit to s                            |                                     |                    |                      | .00                 | -          |                                |                 | _                |  |
| 16. EARNED INCOME TAX BALANCE DUE (Lin                     |                                     |                    |                      | .00                 |            |                                |                 | .00              |  |
|  | e a minus Line 10)                  | ·                  |                      | .00                 |            |                                |                 | .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, a                 | iu io)                              | ·                  |                      | .00                 | <u>- 1</u> |                                |                 | 50               |  |
| * See Instructions   | N de along #F = # 1 ( N de          |                    | I this information   | a including of      | l acca     | mnanvina                       |                 |                  |  |
| Under penalties of perjury, I (we                          |                                     |                    |                      |                     |            |                                |                 |                  |  |
|  | nts and to the best of my (our      |                    |                      |                     | υπιρί      |                                | TE /8 4         | MADDAAAA         |  |
| YOUR SIGNATURE   | SPOUSE                              | -′S SIG            | NATURE (If Fili      | ng Jointly)         |            | DA                             | ı ⊏ (IV         | M/DD/YYYY)       |  |
|  |                                     |                    |                      |                     |            |                                |                 | <b>D</b>         |  |
| PREPARER'S PRINTED NAME & SIGNATURE                        |                                     |                    | DI 0227-2            | <b>ana</b> .        |            | PHONE NU                       |                 |                  |  |
| BRADLEY P. JADLOWIEC, CPA                                  | <u>, M BRADLEY P.</u>               | <u>JA</u>          | DLOMIEC,             | CPA,                | M (        | 412)                           | 400             | <u>-9250</u>     |  |

| Form W-2 W                | age and Tax Statement 2022                                | OMB No                    | . 1545-0008 |  |                     | $\Gamma$  | rtment of the Treasury - I           | nternal Rev | enue Service                    |                  |
|---------------------------|---|---------------------------|-------------|--|---------------------|---|--------------------------------------|-------------|---------------------------------|------------------|
| Control num<br>7418438098 | ber   |                           | . 15.5 5555 | Employer identification number EIN 232919472 |                     | B, To Be Filed With Employee's FEDERAL Tax Return |                                      |             |                                 |                  |
| Employe                   | r's name, address and ZIP code<br>sity of Pittsburgh Phys | icians                    |             | Employee's soc<br>XXX-XX-1945                | ial security number |   | Wages, tips, other comper<br>2371.25 |             | 2 Federal income<br>47570.04    | tax withheld     |
| 600 Gr<br>Floor           | ant Street<br>56  |                           |             | 7 Social securi                              | ty tips             |   | Social security wages<br>7000.00     |             | 4 Social security (9114.00      | tax withheld     |
|                           | urgh, PA 15219 e's first name and init Last name          |                           | Suffix      | 8 Allocated tip                              | S                   |   | Medicare wages and tips<br>5196.56   |             | 6 Medicare tax w<br>4455.62     | ithheld          |
| Elizab                    |   |                           |             |  |                     | 10  | Dependent care benefits              |             | 11 Nonqualified p               | olans            |
|                           | d, PA 15090   |                           |             | 12a C<br>12b D<br>12c                        | 426.40<br>14166.71  |   |                                      | <b>X</b>    | 14 Other<br>PA_SUI_EE<br>PA LST | 141.67<br>·51.96 |
| Employe                   | e's address and ZIP code                                  |                           |             | 12d  |                     | <u>L</u>  | Third-party sick pay                 |             |                                 |                  |
| 15 State                  | Employer's state ID number                                | 16 State wages, tips etc. | 17 State i  | income tax 18 Local wages, tips of           |                     |   |                                      | cality name |                                 |                  |
| PA                        | 90098310  | 236111.56                 | 7248.66     |  | 236111.56           |   | 7083.32                              | 70          |                                 |                  |
|                           |   |                           | T           |  |                     |   |                                      | 1           |                                 |                  |

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

| Form W-2 W  | age and Tax Statement 2022                                  | OMB No.                   | 1545-0008                                     |                                    |   |   |                                       |                                    | ury - Internal Revenu                     |        |
|---|---|---------------------------|---|------------------------------------|---|---|---------------------------------------|------------------------------------|---|--------|
| Control number<br>7418438098  |   |                           |   |                                    | Copy C, For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) |   |                                       |                                    | mployee on                                |        |
| Employer's name, address and ZIP code University of Pittsburgh Physicians |   |                           | Employee's social security number XXX-XX-1945 |                                    | 1 Wages, tips, other compensation 222371.25                               |   | sation                                | 47570.04                           |   |        |
| Floor   | 600 Grant Street<br>Floor 56                                |                           |   | 7 Social security tips             |   | 3 Social security wages<br>147000.00        |                                       |                                    | 4 Social security tax withheld<br>9114.00 |        |
| Pittsburgh, PA 15219  Employee's first name and init Last name Suffi      |   | Suffix                    | 8 Allocated tip                               | ocated tips                        |   | 5 Medicare wages and tips<br>266196.56      |                                       | 6 Medicare tax withheld<br>4455.62 |   |        |
| Elizab  | Elizabeth P Herrman<br>618 Fairgate Dr<br>Wexford, PA 15090 |                           |   | firm 14                            |   | 10  | Dependent care benefits               |                                    | 11 Nonqualified pl                        | ans    |
|   |   |                           |   | 12a C<br>12b D                     | 426.40  | 13  | 13 Statutory Employee                 |                                    | 14 Other<br>PA_SUI_EE                     | 141.67 |
|   |   |                           |   |                                    | 14166.71  |   | Retirement Plan  Third-party sick pay |                                    | PA LST                                    | 51.96  |
| Employee's address and ZIP code   |   |                           | 12c<br>12d                                    |                                    |   | <u></u>                                     |                                       |                                    |   |        |
| 15 State  | Employer's state ID number                                  | 16 State wages, tips etc. | 17 State i                                    | te income tax 18 Local wages, tips |   | s etc. 19 Local income tax 20 Locality name |                                       | ity name                           |   |        |
| PA  | 90098310  | 236111.56                 | 7248.66                                       |                                    | 236111.56   |   | 7083.32                               | 70                                 |   |        |
| <del></del>   |   |                           | T   |                                    |   |   | i i                                   |                                    |   |        |

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury - Internal Revenue Service Form W-2 Wage and Tax Statement 2022 OMB No. 1545-0008 Employer identification number EIN Copy 1, To Be Filed With Employee's State, City, or Local Income Control number 7418438098 Tax Return Employee's social security number XXX-XX-1945 2 Federal income tax withheld 47570.04 Employer's name, address and ZIP code University of Pittsburgh Physicians 600 Grant Street 1 Wages, tips, other compensation 222371.25 4 Social security tax withheld 3 Social security wages 7 Social security tips Floor 56 147000.00 9114.00 Pittsburgh, PA 15219 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips Employee's first name and init Last name 266196.56 4455.62 Suffix 11 Nonqualified plans Elizabeth P Herrman 10 Dependent care benefits 618 Fairgate Dr Wexford, PA 15090 426.40 13 Statutory Employee 14 Other 12a C PA\_SUI\_EE PA\_LST 141.67 51.96 12b D 14166.71 X Retirement Plan 12c Third-party sick pay 12d Employee's address and ZIP code 20 Locality name 16 State wages, tips etc. 17 State income tax 18 Local wages, tips etc. 19 Local income tax 15 State Employer's state ID number 70 7083.32 236111.56 90098310 236111.56 7248.66 PA

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

| Form W-2 Wage and Tax Statement 2022 OMB No. 1545-0008 Control number 7418438098 |   |            | Employer i<br>232919472                       | identification number EIN | Copy 2, To Be Filed With Employee's State, City, or Local Income<br>Tax Return |              |                                    |   |                 |
|--|---|------------|---|---------------------------|--|--------------|------------------------------------|---|-----------------|
| Employer's name, address and ZIP code<br>University of Pittsburgh Physi          | oloyer's name, address and ZIP code<br>versity of Pittsburgh Physicians |            | Employee's social security number XXX-XX-1945 |                           | 1 Wages, tips, other compensation 222371.25                                    |              |                                    | 2 Federal income tax withheld<br>47570.04 |                 |
| 600 Grant Street<br>Floor 56   |   |            | 7 Social security tips                        |                           | 3 Social security wages<br>147000.00   |              |                                    | 4 Social security tax withheld<br>9114.00 |                 |
| Pittsburgh, PA 15219  Employee's first name and init Last name Suffin            |   | Suffix     | 8 Allocated tips                              |                           | 5 Medicare wages and tips<br>266196.56   |              | 6 Medicare tax withheld<br>4455.62 |   |                 |
| Elizabeth P Herrman<br>618 Fairgate Dr   |   |            |   |                           | 10 Dependent ca  | are benefits |                                    | 11 Nonqualified p                         | lans            |
| Wexford, PA 15090  |   |            | 12a C<br>12b D<br>12c                         | 426.40<br>14166.71        | 13 Statutory Em<br>Retirement P  | an [         | <u> </u>                           | 14 Other<br>PA_SUI_EE<br>PA LST           | 141.67<br>51.96 |
| Employee's address and ZIP code  |   |            | 12d   |                           | Third-party si   | ck pay       |                                    |   |                 |
| 5 State Employer's state ID number   | 16 State wages, tips etc.   | 17 State i | ncome tax                                     | 18 Local wages, tips etc. | 19 Local in  | come tax     | 20 Local                           | lity name                                 |                 |
| PA 90098310  | 236111.56   | 7248.66    |   | 236111.56                 | 7083.32  |              | 70                                 |   |                 |

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## 2023 W-2 and F RNINGS SUMMARY

Reference Employee W-2 Wage and Tax 2023 Statement Copy C for employee's records. 1545-0008 Control number Corp. Employer use only 0000016449 UUQ CKR5 Employer's name, address, and ZIP code UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260 e/f Employee's name, address, and ZIP code **ELIZABETH P HERRMAN** 2349 RAILROAD ST APT 1111 PITTSBURGH, PA 15222 Employer's FED ID number 25-0965591 a Employee's SSA number XXX-XX-1945 Wages, tips, other comp. 2 Federal income tax withheld 1088.82 24672.52 3 Social security wages 4 Social security tax withheld 6 Medicare tax withheld 5 Medicare wages and tips 8 Allocated tips 7 Social security tips 10 Dependent care benefits 12a See instructions for box 12 E | 2275.00 12b G | 2200.00 12c DD 6972.00 11 Nonqualified plans 14 Other 21.01 PA SUI 16 State wages, tips, etc. 15 State Employer's state ID no. PA 15985369 29147.52 8 Local wages, tips, etc 17 State income tax 29147.52 894.83 19 Local income tax 20 Locality name 700102

Wages, tips, other comp. 24672.52 1088.82 Social security tax withheld 6 Medicare tax withheld Medicare wages and tips Corp. Employer use only d Control number 0000016449 UUQ CKR5 5874 Employer's name, address, and ZIP code UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260 Employer's FED ID number 25-0965591 Social security tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 2275.00 <sup>12b</sup> G 14 Other 21.01 PA SUI 2200.00 12c DD 6972.00

e/f Employee's name, address and ZIP code ELIZABETH P HERRMAN 2349 RAILROAD ST APT 1111 PITTSBURGH, PA 15222

15 State Employer's state ID no. 16 State wages, tips, etc. 29147.52 18 Local wages, tips, etc. 29147.52 19 Local income tax 874.47 20 Locality name 700102

12d

13 Stat emp Ret. plan 3rd party sick pay

Filing Federal

Wage and Tax Statement

Copy B to be filed with employee's Federal Income Tax Retu

ELIZABETH P HERRMAN 2349 RAILROAD ST APT 1111 PITTSBURGH, PA 15222

Social Security Number: XXX-XX-1945

pc 2023 ADP, Inc.

PAGE 01 OF 01

Wages, tips, other comp. 24672.52

2 Federal income tax withheld 1088.82

| Wages                                      | s, tips, other o                                   | 72.52                          | 2 Federa                         | l income                | tax withheld<br>1088.82 |  |  |  |  |
|--|--|--------------------------------|----------------------------------|-------------------------|-------------------------|--|--|--|--|
| Social security wages                      |  | 4 Social security tax withheld |                                  |                         |                         |  |  |  |  |
| Medic                                      | Medicare wages and tips                            |                                |                                  | 6 Medicare tax withheld |                         |  |  |  |  |
| Contro<br>0000164                          | ol number<br>49 UUQ                                | Dept.                          | Corp. Employer use only CKR5 587 |                         |                         |  |  |  |  |
| UNIV<br>4200                               | oyer's name, a<br>/ERSITY (<br>FIFTH A'<br>SBURGH, | OF PITTS                       | SBURG                            |                         |                         |  |  |  |  |
| Emple                                      | oyer's FED ID<br>25-09655                          | number<br>91                   | a Emplo                          | yee's SS/               | N number<br>XX-1945     |  |  |  |  |
| Socia                                      | i security tips                                    |                                | 8 Allocated tips                 |                         |                         |  |  |  |  |
| ı  |  |                                | 10 Dependent care benefits       |                         |                         |  |  |  |  |
| 1 Nonq                                     | ualified plans                                     | •                              | 12a<br>E                         |                         | 2275.00                 |  |  |  |  |
| 4 Othe                                     | r 21.01 PA   | sül                            | 12b G                            |                         | 2200.00                 |  |  |  |  |
|  |  |                                | 12c DD                           |                         | 6972.00                 |  |  |  |  |
|  |  |                                | 12d                              |                         |                         |  |  |  |  |
|  |  |                                | 13 Stat em                       | p. Ret. plan            | 3rd party sick pa       |  |  |  |  |
| e/f Empl                                   | oyee's name,                                       | HERRI                          | MAN<br>APT 11                    |                         |                         |  |  |  |  |
| 2349<br>PITT                               | rsburgh,   | PA 1                           |                                  |                         | - oto                   |  |  |  |  |
| 2349<br>PITT<br>15 State<br>PA             | Employer's   | PA 1                           | . 16 State                       |                         | 29147.52                |  |  |  |  |
| 2349<br>PITT<br>15 State<br>PA<br>17 State | Employer's 16985369                                | PA 1                           | . 16 State                       | wages, t                | 29147.52                |  |  |  |  |
| 2349<br>PITT<br>15 State<br>PA<br>17 State | Employer's<br>16985369<br>Income tax               | PA 1                           | 16 State 18 Local 20 Local 70    | wages, to               | 29147.52<br>ps. etc.    |  |  |  |  |

| Social security wages                        |                | 4 Social security tax withheld |                                 |  |  |  |  |
|--|----------------|--------------------------------|---------------------------------|--|--|--|--|
| Medicare wages an                            | d tips         | 6 Medica                       | are tax withheld                |  |  |  |  |
| Control number                               | Dept.          | Corp.                          | Employer use only               |  |  |  |  |
| 0000016449 UUQ                               |                | CKR5                           | 5874                            |  |  |  |  |
| Employer's name, a                           |                |                                |                                 |  |  |  |  |
| UNIVERSITY O<br>4200 FIFTH AV<br>PITTSBURGH, | ENUE           |                                | 1                               |  |  |  |  |
| Employer's FED ID 25-096559                  | number         | a Emplo                        | yee's SSA number<br>XXX-XX-1945 |  |  |  |  |
| 7 Social security tips                       |                | 8 Alloca                       | ted tips                        |  |  |  |  |
| 9  |                | 10 Deper                       | ndent care benefits             |  |  |  |  |
| 11 Nonqualified plans                        |                | 12a<br>E                       | 2275.00                         |  |  |  |  |
| 14 Other 21.01 PA                            | SUI            | <sup>12b</sup> G               | 2200.00                         |  |  |  |  |
|  |                | 12c DD                         | 6972.00                         |  |  |  |  |
|  |                | 12d                            |                                 |  |  |  |  |
|  |                | i                              | np.Ret.plan 3rd party sick pa   |  |  |  |  |
| e/f Employee's name,                         | address a      | nd ZIP coo                     | ie                              |  |  |  |  |
| ELIZABETH P<br>2349 RAILROA<br>PITTSBURGH,   | D ST A         | PT 111<br>5222                 |                                 |  |  |  |  |
| 15 State Employer's 15986369                 | state ID no    | 1                              | 29147.52                        |  |  |  |  |
|  | 94.83          |                                | l wages, tips, etc.<br>29147.52 |  |  |  |  |
| 19 Local income tax 8                        | 74.47          |                                | lity name<br>0102               |  |  |  |  |
| City or                                      | Local          | Filing                         | Сору                            |  |  |  |  |
| W-2 Copy 2 to be filed with en               | Ctatam         | ent                            | ZUZS                            |  |  |  |  |
| Copy 2 to be nied with en                    | ibiolee a city | o. Loud III                    |                                 |  |  |  |  |