

RETURN BY APRIL 17, 2006 TO:  
CAPITAL TAX COLLECTION BUREAU

# 2005

TAX OFFICE USE ONLY - DO NOT WRITE IN THIS AREA.

LOCAL EARNED INCOME  
TAX RETURN (FORM 531)  
ACT 24

See Page 3 of Instruction Sheets  
in this packet for mailing address labels or  
see back of Taxpayer's Copy of return for  
addresses, phone numbers, and office hours.

[www.captax.com](http://www.captax.com)

TO CONSTITUTE PROOF OF FILING, THE TAXPAYER'S COPY MUST  
BE VALIDATED BY THE BUREAU. TO HAVE YOUR COPY VALIDATED  
BY MAIL, RETURN BOTH THE TAX BUREAU'S AND TAXPAYER'S COPIES  
ALONG WITH A SELF ADDRESSED STAMPED ENVELOPE.

**THIS FORM IS ONLY FOR USE BY AN INDIVIDUAL TAXPAYER WHERE SPLIT-YEAR  
FILINGS ARE REQUIRED. A SPOUSE CANNOT ALSO FILE ON THIS RETURN.**

COLUMN # 1	COLUMN # 2	TOTALS
ACTIVITY FROM JAN. 1 THRU JUNE 30	ACTIVITY FROM JULY 1 THRU DEC 31	Your Social Security No.

1	W-2 EARNINGS (From attached W-2's)	1			
2	EMPLOYEE BUSINESS EXPENSES (Attached Federal Form 2106 & State Schedule UE)	2			
3	TAXABLE W-2 EARNINGS LESS EBE's (Subtract Line 2 from Line 1)	3			
4	OTHER TAXABLE EARNED INCOME (No interest or dividends) List Type _____	4			
5	TOTAL TAXABLE EARNED INCOME (Add Lines 3 and 4)	5			
6	NET PROFIT(S) FROM BUSINESS, PROFESSION, OR FARM (Attach Federal and State Schedules C, F and/or K-1 (1065))	6			
7	NET LOSS FROM BUSINESS, PROFESSION, OR FARM (Attach Federal and/or State Schedules C, F and/or K-1 (1065))	7			
8	Subtract Line 7 from Line 6 (IF LESS THAN ZERO, ENTER ZERO). Enter result in appropriate Column 1 or 2 to right.	8			
9	REQUIRED FOR INFORMATION PURPOSES ONLY: In "TOTALS" column, enter the total Net, Subchapter S Corporation pass-thru Net Profit(s) Loss(es) as reported on your PA-40 return.	9			
10	TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Lines 5 and 8)	10			
11	ENTER TAX RATES FOR COLUMNS 1 & 2 FROM THE "TAX RATE TABLE" FOUND ON THE LAST PAGE OF THIS FORM PACKET. BE SURE TO DIFFERENTIATE BETWEEN 1ST HALF & 2ND HALF RATES	11			
12	TAX LIABILITY (COLUMNS 1 & 2: Multiply Line 10 by Line 11; TOTALS COLUMN: Add Line 12 Items, columns 1 & 2)	12			
13	TOTAL LOCAL INCOME TAXES WITHHELD EXCEPT PHILADELPHIA INCOME TAX (From attached W-2's, Box 19)	13			
14	QUARTERLY PAYMENTS AND/OR LAST YEAR'S OVERPAYMENT CREDITED TO THIS YEAR	14			
15	CREDITS FOR TAXES PAID TO PHILADELPHIA AND/OR STATES OTHER THAN PA (ATTACH SCH. G) AND/OR CREDITS FOR CERTIFIED RESIDENTS OF THE HARRISBURG KEYSTONE OPPORTUNITY ZONE (KOZ)	15			
16	TOTAL WITHHOLDINGS & PAYMENTS (Add Line 13, 14 and 15)	16			
17	TAX BALANCE DUE (Subtract Line 16 from Line 12) PAYMENT NOT NECESSARY IF LESS THAN \$1.00 ☹	17			
18	INTEREST & PENALTY (See Instructions)	18			
19	TOTAL BALANCE DUE (Add Lines 17 and 18) Make check payable to "CTCB" PLACE SOCIAL SECURITY NUMBER ON CHECK	19			
20	OVERPAYMENT (Subtract Line 12 from Line 16) IF LESS THAN ZERO, ENTER ZERO ☺	20			
21	OVERPAYMENT TO BE REFUNDED	21			

DIRECT DEPOSIT INFORMATION	SELECT ONE	CHECKING	SAVINGS	ROUTING NO.	ACCOUNT NO.
22	OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX				
23	DO NOT USE THIS LINE				

**TYPE OR PRINT INFORMATION BELOW. IF PREPRINTED, CHECK FOR ACCURACY AND MAKE CORRECTIONS WHERE NECESSARY.**

YOUR RESIDENT MUNICIPALITY (TOWNSHIP, BOROUGH, OR CITY)	DAYTIME PHONE NUMBER	
YOUR CTCB ACCOUNT NUMBER (IF KNOWN)	YOUR NAME (LAST, FIRST, MI)	
HAVE YOU MOVED FROM THE BEGINNING OF THE TAX FILING YEAR TO PRESENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE SCHEDULE P ON BACK OF "BUREAU'S" COPY OF RETURN HOME ADDRESS

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.**

YOUR SIGNATURE <b>X</b>	DATE	YOUR OCCUPATION
PAID PREPARER'S NAME (PLEASE PRINT)	FIRM'S NAME (OR ENTER "S.E." IF SELF EMPLOYED)	PAID PREPARER'S PHONE NUMBER