

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

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

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.

2005

LOCAL EARNED INCOME
TAX RETURN (FORM 531)

www.captax.com

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

**A HUSBAND AND WIFE MAY BOTH FILE ON THIS FORM. HOWEVER, TAX CALCULATIONS MUST BE
REPORTED IN SEPARATE COLUMNS. JOINT FILING (i.e., COMBINING INCOME, ETC.) IS NOT PERMITTED.**

SOC. SEC. NO. **A**

SOC. SEC. NO. **B**

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 EBEs (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 FROM BUSINESS, PROFESSION, OR FARM (Attach Federal and State Schedules C, F and/or K-1 (1065))	6		
7	NET LOSS(ES) from Business, Profession or Farm (Attach Federal and State Schedules C, F and/or K-1 (1065))	7		
8	Subtract Line 7 from Line 6 (IF LESS THAN ZERO, ENTER ZERO)	8		
9	REQUIRED FOR INFORMATION PURPOSES ONLY: Enter 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 Line 5 and 8)	10		
11	ENTER TAX RATE AS A DECIMAL (from the "TAX RATE TABLE" found on the last page of this form packet)	11		
12	TAX LIABILITY: Multiply Line 10 by Line 11	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	ENTER "TAXPAYER" "SPOUSE" OR "BOTH"	CHECK ONE CHECKING SAVINGS	ROUTING NO.	ACCOUNT NO.

22	OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX	22		
23	OVERPAYMENT TO BE CREDITED TO SPOUSE'S BALANCE DUE FOR THIS FILING YEAR	23		

TYPE OR PRINT INFORMATION BELOW. IF PREPRINTED, CHECK FOR ACCURACY AND MAKE CORRECTIONS WHERE NECESSARY. SPOUSE'S NAME, SIGNATURE, AND OTHER INFORMATION SHOULD BE PROVIDED ONLY IF HE OR SHE IS ALSO FILING ON THIS FORM.

YOUR RESIDENT MUNICIPALITY (TOWNSHIP, BOROUGH, OR CITY)	DAYTIME PHONE NUMBER	

YOUR CTCB ACCOUNT NUMBER (IF KNOWN) A	YOUR NAME (LAST, FIRST, MI)

SPOUSE'S CTCB ACCOUNT NUMBER (IF KNOWN) B	SPOUSE'S 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 X	DATE	YOUR OCCUPATION
SPOUSE'S SIGNATURE (ONLY IF ALSO FILING ON THIS FORM) X	DATE	SPOUSE'S OCCUPATION (ONLY IF ALSO FILING ON THIS FORM)
PAID PREPARER'S NAME (PLEASE PRINT)		FIRM'S NAME (OR ENTER "S.E." IF SELF EMPLOYED)
		PAID PREPARER'S PHONE NUMBER