

<b>RETURN BY APRIL 17, 2006 TO:</b> CAPITAL TAX COLLECTION BUREAU HARRISBURG DIVISION 2301 N 3RD ST HARRISBURG PA 17110-1893 PHONE: (717) 234-3217	LOCAL EARNED INCOME TAX RETURN (FORM 531) <b>ACT 24</b> <b>2005</b> <a href="http://www.captax.com">www.captax.com</a>	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 BUREAU'S AND TAXPAYER'S COPIES ALONG WITH A SELF ADDRESSED STAMPED ENVELOPE.
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THIS FORM IS ONLY FOR USE BY AN INDIVIDUAL TAXPAYER WHERE SPLIT-YEAR TAX FILINGS ARE REQUIRED. A SPOUSE CANNOT ALSO FILE ON THIS RETURN.	<b>COLUMN 1</b>	<b>COLUMN 2</b>	<b>TOTALS</b>
	ACTIVITY FROM JAN. 1 THRU JUNE 30	ACTIVITY FROM JULY 1 THRU DEC. 31	

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 (Subtract Line 2 from Line 1)	3			
4	OTHER TAXABLE EARNED INCOME (No interest or dividends)	4	List type		
5	TOTAL TAXABLE EARNED INCOME (Add Lines 3 and 4)		5		
6	NET PROFIT(S) FROM BUSINESS, PROFESSION OR FARM	6			
7	NET LOSS(ES) from Business, Profession or Farm	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 Lines 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	COSTS OF COLLECTION	19			
20	TOTAL BALANCE DUE (Add Lines 17, 18 and 19). Make check payable to "CTCB"	20			
21	OVERPAYMENT (Subtract Line 12 from Line 16) IF LESS THAN ZERO, ENTER ZERO	21			
22	OVERPAYMENT TO BE REFUNDED	22			

<b>DIRECT DEPOSIT INFORMATION</b>	SAVINGS or CHECKING ACCOUNT	ROUTING NO.	ACCOUNT NO.
23	OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX	23	
24	DO NOT USE THIS LINE	24	

TYPE OR PRINT INFORMATION BELOW. IF PRE-PRINTED, CHECK FOR ACCURACY AND MAKE CORRECTIONS WHERE NECESSARY.

YOUR RESIDENT MUNICIPALITY (TWP, BORO, OR CITY)	DAYTIME PHONE NUMBER	
YOUR SOCIAL SECURITY NUMBER		YOUR NAME (L, F, MI)
HAVE YOU MOVED FROM THE BEGINNING OF THE TAX FILING YEAR TO PRESENT?	<input type="radio"/> YES <input type="radio"/> NO	IF YES, YOU MUST COMPLETE A "SCHEDULE P" & POSSIBLY MULTIPLE RETURNS
		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

BUREAU'S COPY