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| RETURN BY APRIL 16, 2007 TO: CAPITAL TAX COLLECTION BUREAU See back of "Taxpayer's Copy" of return for addresses, phone numbers, and office hours. A separate sheet of self-stick address labels are enclosed for mailing your return. | LOCAL EARNED INCOME TAX RETURN (FORM 531-SMSD) SOUTH MIDDLETON SCHOOL DISTRICT 2006 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 BUREAU'S AND TAXPAYER'S COPIES ALONG WITH A SELF-ADDRESSED STAMPED ENVELOPE. |
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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. Please note that lines 10, 16, & 18 have intentionally been omitted from this form.

| | | SOC. SEC. NO. | A | SOC. SEC. NO. | B |
|----|---|---------------|-------|---------------|---|
| 1 | W-2 EARNINGS (From attached W-2's) | 1 | | | |
| 2 | EMPLOYEE BUSINESS EXPENSES (Attached Federal Form2106 & 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(S) 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 Schedule 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 | | | |
| 11 | TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Lines 5 and 8) | 11 | | | |
| 12 | SOUTH MIDDLETON SCHOOL DISTRICT TAX RATE | 12 | 0.011 | 0.011 | |
| 13 | TAX LIABILITY: Multiply Line 11 by Line 12 | 13 | | | |
| 14 | TOTAL LOCAL INCOME TAXES WITHHELD, EXCEPT PHILADELPHIA INCOME TAX (Complete "Chart A" on the reverse side of the "Bureau's Copy of the return to determine the correct entry/entries for this line. Also attach a copy of the W-2 form provided by each of your employers.) | 14 | | | |
| 15 | QUARTERLY PAYMENTS AND/OR LAST YEAR'S OVERPAYMENT CREDITED TO THIS YEAR | 15 | | | |
| 17 | CREDITS FOR TAXES PAID TO PHILADELPHIA AND/OR STATES OTHER THAN PA (ATTACH SCH. G) | 17 | | | |
| 19 | TOTAL WITHHOLDINGS & PAYMENTS (Add Lines 14, 15 and 17) | 19 | | | |
| 20 | OVERPAYMENT (Subtract Line 13 from Line 19) IF LESS THAN ZERO, ENTER ZERO | 20 | | | |
| 21 | OVERPAYMENT TO BE REFUNDED | 21 | | | |

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|-----------------------------------|------------------------------|---------------------------|-------------|-------------|
| DIRECT DEPOSIT INFORMATION | Taxpayer "A", "B", or "BOTH" | Savings or Checking Acct. | ROUTING NO. | ACCOUNT NO. |
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| 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 | | |
| 24 | TAX BALANCE DUE (Subtract Line 19 from Line 13) PAYMENT NOT NECESSARY IF LESS THAN \$1.00 | 24 | | |
| 25 | INTEREST & PENALTY (See Instructions) | 25 | | |
| 26 | TOTAL BALANCE DUE (Add Lines 24 and 25) Make check payable to "CTCB" | 26 | | |

TYPE OR PRINT INFORMATION BELOW. IF PRE-PRINTED, 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.

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| YOUR RESIDENT MUNICIPALITY (TWP, BORO, OR CITY) | DAYTIME PHONE NUMBER |
| SOUTH MIDDLETON TWP (SD FILING ONLY) 1201 | |

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| YOUR CTCB ACCOUNT NUMBER | A | YOUR NAME (L, F, MI) |
| SPOUSE'S CTCB ACCOUNT NUMBER | B | SPOUSE'S NAME (L, F, MI) |

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| 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 single Schedule P and a separate final return (Form 531) for each CTCB municipality in which you resided during the tax year. | HOME ADDRESS |
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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 | DATE | YOUR OCCUPATION |
| X | | |
| SPOUSE'S SIGNATURE (ONLY IF ALSO FILING ON THIS FORM) | DATE | SPOUSE'S OCCUPATION (ONLY IF ALSO FILING ON THIS FORM) |
| X | | |

| | | |
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| PAID PREPARER'S NAME (PLEASE PRINT) | FIRM'S NAME (OR ENTER "S.E." IF SELF EMPLOYED) | PAID PREPARER'S PHONE NUMBER |
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BUREAU'S COPY