

RETURN BY APRIL 15, 2008 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.

2007

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.
	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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

CAPITAL TAX COLLECTION BUREAU'S MEMBER MUNICIPALITIES AND DIVISION INFORMATION

The following municipalities are served by the Capital Tax Collection Bureau. Shown below are the municipalities served by our Harrisburg, Carlisle and Central Dauphin Divisions. Also shown are our Divisions' office hours, phone numbers, and various mailing addresses. Our Divisions' office locations are shown under the column to the right entitled, "If NO Payment or NO Refund/Credit". Mailing address labels are also provided on page 3 of the Instruction Sheets included in this form packet. If they are missing, please address your filing to the correct Division and mailing address as described below. There are 3 distinct addresses for mailing your return(s) based on whether you are (1) making a tax payment with your return, (2) requesting a tax refund or credit on your return, or (3) filing your return with no payment or refund request. If a payment is enclosed with your return use the "PAYMENT ENCLOSED" address/label even if your spouse is also filing on the same return and has a refund/credit, or no payment or no refund/credit. Likewise a REFUND/CREDIT label/address takes precedence over a "No Payment or NO Refund/Credit" spousal situation.

Capital Tax Collection Bureau-Harrisburg Division (717) 234-3217 or 1-800-273-2040 Hours: Mon-Thu, 8:00am-4pm, Fri, 8:30am-4pm

The Harrisburg Division serves residents of the following municipalities:

DAUPHIN COUNTY		PERRY COUNTY	JUNIATA COUNTY
Harrisburg City	Reed Township	All Municipalities	Greenwood Township
Highspire Borough	Steelton Borough		

Final Returns (Form 531) for residents of the municipalities directly above should be mailed to appropriate address as shown below:

If PAYMENT Enclosed:	If Requesting REFUND/CREDIT:	If NO Payment or NO Refund/Credit:
CAPITAL TAX COLLECTION BUREAU	CAPITAL TAX COLLECTION BUREAU	CAPITAL TAX COLLECTION BUREAU
PO BOX 60547	PO BOX 60689	2301 N 3RD ST
HARRISBURG PA 17106-0547	HARRISBURG PA 17106-0689	HARRISBURG PA 17110-1893

Capital Tax Collection Bureau-Carlisle Division (717) 243-3725 or 1-877-227-5348 Hours: Mon, 8:30am-4pm, Tue-Fri, 8am-4pm

The Carlisle Division serves residents of the following municipalities:

CUMBERLAND COUNTY				FRANKLIN COUNTY
Carlisle Borough	L. Mifflin Township	N. Newton Township	Shippensburg Township	Orrstown Borough
Cooke Township	Mt. Holly Springs Borough	Penn Township	Southampton Township	Southampton Township
Dickinson Township	Newburg Borough	S. Middleton Township	U. Frankford Township	Shippensburg Borough
Hopewell Township	Newville Borough	S. Newton Township	U. Mifflin Township	
L. Frankford Township	N. Middleton Township	Shippensburg Borough	W. Pennsboro Township	

Final Returns (Form 531) for residents of the municipalities directly above should be mailed to appropriate address as shown below:

If PAYMENT Enclosed:	If Requesting REFUND/CREDIT:	If NO Payment or NO Refund/Credit:
CAPITAL TAX COLLECTION BUREAU	CAPITAL TAX COLLECTION BUREAU	CAPITAL TAX COLLECTION BUREAU
PO BOX 400	PO BOX 698	19 S HANOVER ST STE 102
CARLISLE PA 17013-0400	CARLISLE PA 17013-0698	CARLISLE PA 17013-3336

Capital Tax Collection Bureau-Central Dauphin Division (717) 545-2791 Hours: Mon, 8:30am-4pm, Tue-Fri, 8am-4pm

The Central Dauphin Division serves residents of the following municipalities:

DAUPHIN COUNTY			
Dauphin Borough	Middle Paxton Township	Penbrook Borough	West Hanover Township
Lower Paxton Township	Paxtang Borough	Swatara Township	

Final Returns (Form 531) for residents of the municipalities directly above should be mailed to appropriate address as shown below:

If PAYMENT Enclosed:	If Requesting REFUND/CREDIT:	If NO Payment or NO Refund/Credit:
CAPITAL TAX COLLECTION BUREAU	CAPITAL TAX COLLECTION BUREAU	CAPITAL TAX COLLECTION BUREAU
PO BOX 6477	PO BOX 6626	425 PRINCE ST
HARRISBURG PA 17112-0477	HARRISBURG PA 17112-0626	HARRISBURG PA 17109-1734

LOCAL EIT (SCHEDULE P) – PARTIAL YEAR RESIDENT PRO-RATION WORKSHEET

Special Note: At the VERY MINIMUM you should complete all the applicable shaded sections on the Schedule P. If you have problems completing sections that require calculations, file your total annual figures on the 531 final return and we'll do the pro-ration based on the information you have provided in the shaded blocks. Otherwise, complete all necessary sections (shaded & unshaded) and feel free to give us a call with any questions.

Instructions: Use 1 Schedule P per taxpayer. Partial year residents must file a return with each tax office of the area you resided in during the year. Unless the employer provided separate W-2 forms for each area of residence, you are required to prorate earnings, net profits, and unreimbursed business expenses, and tax withholdings based on the number of months (or days) you lived in each area and the number of months (or days) you worked for each employer. You must also prorate any other taxable income and your business net profit(s)/loss(es). Complete the worksheet to determine your prorated taxable income for each location and/or different tax rate. When calculating your pro-ration percentages (%), be sure to only use like days as found in the rows (W-2 Wages, Other Income, Net Profit & Net Loss) and the columns (Location/Rate). Number of Months: Count as a full month any partial month that you moved into prior to the 16th of the month, and any partial month that you moved out of after the 15th of the month. Use this same logic in calculating months worked for each employer. This rule is generally permitted, however, if the other tax office you're required to file with does not accept this method, or if tax rates differ in the areas you lived, you may be required to use a pro-ration method to the day versus to the month. We will advise you and adjust your return if this is the case.