

RETURN BY APRIL 15, 2009 TO:
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)**

2008
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.

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(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	
10	TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Lines 5 and 8)	10	
11	ENTER TAX RATE AS A DECIMAL (from the "TAX RATE TABLE" found on the last page of the instructions)	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 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	

DIRECT DEPOSIT INFORMATION	Taxpayer "A", "B", or "BOTH"	Checking or Savings Acct.	ROUTING NO.	ACCOUNT NO.

23	OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX	23	
24	OVERPAYMENT TO BE CREDITED TO SPOUSE'S BALANCE DUE FOR THIS FILING YEAR	24	

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.

YOUR RESIDENT MUNICIPALITY (TWP, BORO, OR CITY)		DAYTIME PHONE NUMBER	
25			
26	YOUR SOCIAL SECURITY NUMBER	A	YOUR NAME (L, F, MI)
27	SPOUSE'S SOCIAL SECURITY NUMBER	B	SPOUSE'S 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 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		

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