

**RETURN BY APRIL 15, 2009 TO:**  
CAPITAL TAX COLLECTION BUREAU

TAX OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

# 2008

LOCAL EARNED INCOME TAX  
RETURN (FORM 531-SMSD)  
**SOUTH MIDDLETON  
SCHOOL DISTRICT**  
[www.captax.com](http://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. 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 K1 (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	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	

DIRECT DEPOSIT INFORMATION	Taxpayer 'A', 'B', or 'BOTH'	Savings or Checking Acct.	ROUTING NUMBER	ACCOUNT NO.
22	OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX			
23	OVERPAYMENT TO BE CREDITED TO SPOUSE'S BALANCE DUE FOR THIS FILING YEAR			
24	TAX BALANCE DUE (Subtract Line 19 from Line 13) PAYMENT NOT NECESSARY IF LESS THAN \$1.00			
25	INTEREST & PENALTY (See Instructions)			
26	TOTAL BALANCE DUE (Add Lines 24 and 25) Make check payable to 'CTCB' Place Social Security Number on Check			

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.

<b>(A)</b> YOUR CTCB ACCOUNT NUMBER (IF KNOWN)	YOUR PIN NUMBER FOR ONLINE FILING	YOUR NAME (LAST, FIRST, M)
<b>(B)</b> SPOUSE'S CTCB ACCOUNT NUMBER (IF KNOWN)	SPOUSE'S PIN NUMBER FOR ONLINE FILING	SPOUSE'S NAME (LAST, FIRST, M)
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
YOUR RESIDENT MUNICIPALITY (TOWNSHIP, BOROUGH OR CITY) SOUTH MIDDLETON TWP (SD FILING ONLY) 1201		DAYTIME PHONE NUMBER

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
SPOUSE'S SIGNATURE (ONLY IF ALSO FILING ON THIS FORM) <b>X</b>	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

BUREAU'S COPY

