

Form 512 Annual Employer Reconciliation

Return to: Capital Tax Collection Bureau

I hereby certify that the information contained herein is true and correct.

- 1. Total No. of W-2s Enclosed
- 2. Earned Income Tax as Shown on W-2s
- 3. Earned Income Tax paid On Depository Receipts
- 4. If line 2 is larger than Line 3 – Balance due
- *5. If line 3 is larger than Line 2 – Overpayment
- 6. Total remittance enclosed

Authorized Signature	Title	Date
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Employer Number

Year

PSD No.

Due Date

BUREAU COPY

*** Overpayment**

Credit to next year

Refund to employer

-----cut along dotted line-----