CAPITAL TAX COLLECTION BUREAU **SCHEDULE P (For local EIT use)** **PARTIAL YEAR RESIDENT PRO-RATION WORKSHEET**

Instructions for this Schedule are found on the last page of the enclosed packet of instructions

Tax Year:

Name:

SSN:

Enter "12" for calulation using full months, or "365" for calculation to exact day. You must use the 365 day method if you have different tax rates within the tax year.⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨

	LOCATION/RATE 1	LOCATION/RATE 2	LOCATION/RATE 3
TAX OFFICE ⇨⇨⇨⇨⇨⇨			
MUNICIPALITY			
STREET ADDRESS			
CITY, STATE, ZIP			
TAX RATE %			
DATE RESIDENT FROM			
DATE RESIDENT THRU			
MONTHS OR DAYS			

For each W-2, 1099, employee business expense (EBE) schedule, or self-employment schedule, divide the total on each form by the number of months (or days) you worked for that employer, multiply the result by the number of months (or days) you lived in each location while working for that employer.

	EMPLOYER'S NAME	LOCAL WAGES	LOCAL TAX W/H	EBE FOR THIS EMP	DATE EMPLOYED DURING THIS TAX YEAR FROM	THRU	TOTAL MONTHS OR DAYS	PRORATED WAGES	PRORATED TAX W/H'S	EMPLOYEE BUSINESS EXPENSES	PRORATED WAGES	PRORATED TAX W/H'S	EMPLOYEE BUSINESS EXPENSES	PRORATED WAGES	PRORATED TAX W/H'S	EMPLOYEE BUSINESS EXPENSES
1																
2																
3																
4																
5																
6																
TOTALS	**W-2 TOTALS & EMPLOYEE BUSINESS EXPENSE (EBE) TOTALS** (add lines 1 through 6. Enter on Lines 1, 13 & 2 of 531 for the location(s) in CTCB's jurisdiction).							531 LINE 1	531 LINE 13	531 LINE 2	531 LINE 1	531 LINE 13	531 LINE 2	531 LINE 1	531 LINE 13	531 LINE 2

	OTHER INCOME (ENTER SOURCE)	TOTAL AMOUNT	DATE EARNED DURING THIS TAX YEAR FROM	THRU	TOTAL MONTHS OR DAYS	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED OTHER INCOME	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED OTHER INCOME	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED OTHER INCOME
7														
8														
TOTALS	**OTHER INCOME TOTALS** (add lines 7 and 8. Enter on Line 4 of 531 the portion(s) received while living in the location(s) in CTCB's jurisdiction).						531 LINE 4			531 LINE 4			531 LINE 4	

	NET BUSINESS PROFIT(S) BUSINESS NAME (TYPE SCHEDULE)	NET PROFIT AMOUNT	DATE OPERATED DURING THIS TAX YEAR FROM	THRU	TOTAL MONTHS OR DAYS	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET PROFIT	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET PROFIT	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET PROFIT
9														
10														
11														
TOTALS	**NET PROFIT TOTALS** (add lines 9, 10 and 11. Enter on Line 6 of 531 the portion(s) received while living in the location(s) in CTCB's jurisdiction).						531 LINE 6			531 LINE 6			531 LINE 6	

	NET BUSINESS LOSS(ES) BUSINESS NAME (TYPE SCHEDULE)	NET LOSS AMOUNT	DATE OPERATED DURING THIS TAX YEAR FROM	THRU	TOTAL MONTHS OR DAYS	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET LOSS	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET LOSS	MONTHS OR DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET LOSS
12														
13														
14														
TOTALS	**NET LOSS TOTALS** (Add lines 12, 13 and 14 & enter in "TOTAL" box. Enter on Line 7 of 531 the portion(s) received while living in the location(s) in CTCB's jurisdiction).						531 LINE 7			531 LINE 7			531 LINE 7	