

RETURN BY APRIL 16, 2012 TO:
CAPITAL TAX COLLECTION BUREAU

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.

2011

LOCAL EARNED INCOME TAX RETURN (FORM 531)

TAX OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

www.captax.com

| 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-2s) | 1 | | | |
| 2 | EMPLOYEE BUSINESS EXPENSES (EBEs) (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 Lines 5 and 8) | 10 | | | |
| 11 | TAX RATE (If you moved, you need to complete Schedule P) | 11 | | | |
| 12 | TAX LIABILITY: Multiply Line 10 by Line 11 | 12 | | | |
| 13 | TOTAL LOCAL INCOME TAXES WITHHELD EXCEPT PHILADELPHIA INCOME TAX (From attached W-2s, 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 | RETURNS FILED AFTER THE DUE DATE MAY BE SUBJECT TO ADDITIONAL COSTS OF COLLECTION | 19 | | | |
| 20 | TOTAL BALANCE DUE (Add Lines 17, 18 and 19) Make check payable to "CTCB" Place Social security Number on Check | 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' | Savings or Checking 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 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. | | | | | |
| A | YOUR CTCB ACCOUNT NUMBER (IF KNOWN) | YOUR PIN NUMBER FOR ONLINE FILING | YOUR NAME (LAST, FIRST, M) Enter at right >>>>>>>>>> | | |
| B | SPOUSE'S CTCB ACCOUNT NUMBER (IF KNOWN) | SPOUSE'S PIN NUMBER FOR ONLINE FILING | SPOUSE'S NAME (LAST, FIRST, M) Enter at right >>>>>>>>>> | | |
| 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 Enter at right >> | | |
| YOUR RESIDENT MUNICIPALITY (TOWNSHIP, BOROUGH OR CITY) | | | 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 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 | |

TAXPAYER'S COPY