

Return this form with supporting documentation attached to the back of the return by APRIL 15<sup>TH</sup>, 2015 (Enclose payments, do not attach)

**CAPITAL TAX COLLECTION BUREAU 2014 LOCAL EARNED INCOME TAX RETURN**

PO BOX 60547 HARRISBURG PA 17106-0547

Phone: (717) 234-3217

Physical address: 2301 N 3RD ST HARRISBURG PA 17110

WEBSITE: **WWW.CAPTAX.COM**

Hours: 8 am - 4 pm MONDAY - THURSDAY 8:30 am - 4 pm FRIDAY

FOR ELECTRONIC FILING

CHECK HERE IF YOU MOVED DURING THIS TAX YEAR. PROVIDE EACH PHYSICAL ADDRESS FOR TAX YEAR. \*\*\* FIRST COMPLETE THE PART-YEAR RESIDENT WORKSHEET IF YOU LIVED WITHIN MORE THAN ONE MUNICIPALITY.

Dates	Physical Address [No PO Box, RR or RD] include temporary addresses
___/___/___ to ___/___/___	
___/___/___ to ___/___/___	
___/___/___ to ___/___/___	

**Current Name and Address**

	Taxpayer A	Taxpayer B
Electronic PIN:		
Social Security #:		
Account #:		
School District:		
Municipality:		
PSD:		
Extension	<input type="checkbox"/>	<input type="checkbox"/>
Amended Return	<input type="checkbox"/>	<input type="checkbox"/>
Non- Resident Return	<input type="checkbox"/>	<input type="checkbox"/>

**Extension and Non-Resident Return, see instructions**

<b>WWW.CAPTAX.COM FOR ELECTRONIC FILING AND ADDITIONAL FORMS</b>				<b>Taxpayer A</b>		<b>Taxpayer B</b>	
Two-income couples may both file on this form, order of names is not pertinent. Tax calculations must be entered in separate columns. Taxpayers must provide verification of earned income/expense items as indicated below with this return.		If you had <b>NO EARNED INCOME</b> circle the reason why:		Disabled	Unemployed	Disabled	Unemployed
				Active Duty Military	Active Duty Military	Active Duty Military	Active Duty Military
				Homemaker	Retired	Homemaker	Retired
				Deceased DATE:_____	Deceased DATE:_____	Deceased DATE:_____	Deceased DATE:_____
				Round to the whole dollar	Round to the whole dollar	Round to the whole dollar	Round to the whole dollar
1. Earned Income/Compensation (From W-2 form or amount from income proration worksheet) (Attach W-2)	1	00	00				
2. Less Allowable Business Expenses (Attach PA UE Forms)	2	00	00				
3. TOTAL Earned Income & Compensation (Line 1 minus Line 2)	3	00	00				
4. a. Net Effect of Profits & Losses From Business, Profession, & Farm (Attach Documentation & Complete Net Effect Worksheet) Loss = 0	4a	00	00				
b. Other Taxable Income (Attach documentation if available and complete Other Taxable Income Worksheet)	4b	00	00				
5. TOTAL Taxable Earned Income/Compensation & Net Profits (Add Line 3, Line 4a & Line 4b.)	5	00	00				
6. Calculation of Tax: Multiply Line 5 by proper tax rate RATE:	6	00	00				
7. Tax Credits: a. Tax Withheld by Employer (Box 19 of W-2 or total from Partial Year Resident Worksheet)	7a	00	00				
b. Quarterly Tax Payments	7b	00	00				
c. Prior Year Overpayment (unless refunded)	7c	00	00				
d. Credit for tax paid to other states (Attach Sch G & required copies)	7d	00	00				
e. TOTAL (Add Lines a, b, c & d)	7e	00	00				
8. Overpayment (If Line 7e is greater than Line 6. AMOUNTS \$2.00 OR LESS WILL NOT BE REFUNDED)	8	00	00				
a. <input type="checkbox"/> Credit to Next Year <input type="checkbox"/> Credit to Spouse	8a	00	00				
b. Refund <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit	8b	00	00				
Direct Deposit Information		NO CREDIT OR REFUND WILL BE PROCESSED WITHOUT COMPLETE DOCUMENTATION.					
Name of Bank	Taxpayer, Spouse, Both	Checking or Savings Acct	ROUTING NO.	ACCOUNT NUMBER			
9. Tax Balance Due (If Line 7e is less than Line 6 enter the difference as the balance due.)	9	00	00				
a. Minus Credit Amount from Spouse	9a	00	00				
10. a. Interest and Penalty 1% per month of Line 9 minus 9a if taxes are paid after April 15. (Please note individuals who have failed to make quarterly self-payments sufficient to meet their tax obligations are subject to additional charges.)	10a	00	00				
b. Collection Fee (Returns filed after the due date may be subject to additional cost of collection.)	10b						
11. TOTAL Payment Due (Line 9 plus Line 10a & 10b.) NO PAYMENTS OF \$2.00 OR LESS ARE REQUIRED	11	00	00				
12. If paying combined, enter amount enclosed. (A payment due & a credit balance may be combined.)	12						

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Preparer's Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Signature of Preparer \_\_\_\_\_

**MULTIPLE W2 WORKSHEET**

**TAXPAYER**

**SPOUSE**

EMPLOYER'S NAME	LOCAL GROSS WAGES		LOCAL TAXES WITHHELD		LOCAL GROSS WAGES		LOCAL TAX WITHHELD	
1								
2								
3								
4								
5								
6								
<b>TOTAL</b> Round to the nearest whole dollar (ENTER ON LINE 1)		00		00		00		00

ENCLOSE A W-2 FORM FOR EACH EMPLOYER

Total Taxpayer

Total Spouse

**NET EFFECT WORKSHEET**

**PROFITS & LOSSES FROM BUSINESS, PROFESSION, FARM**

DESCRIPTION	TAXPAYER	SPOUSE
SCHEDULE C		
SCHEDULE C		
SCHEDULE C		
SCHEDULE E (Royalties Taxable, Rental Income Non-taxable)		
SCHEDULE E (Royalties Taxable, Rental Income Non-taxable)		
SCHEDULE F		
SCHEDULE F		
SCHEDULE K-1 (PA S Corp are Non-taxable, please provide a copy for informational purposes only.)		
SCHEDULE K-1 (PA S Corp are Non-taxable, please provide a copy for informational purposes only.)		
Taxpayer's Total Schedule Income cannot be netted against Spouse's Total Schedule Income.		
Taxpayers must provide verification of earned income/expense items as indicated with this return.		
<b>Total (ENTER ON LINE 4a, IF NEGATIVE ENTER ZERO, ENCLOSE ALL SCHEDULES &amp; DOCUMENTATION)</b>		00

Totals cannot be combined

Total Taxpayer

Total Spouse

**OTHER TAXABLE INCOME WORKSHEET**

DESCRIPTION	TAXPAYER	SPOUSE
FORM 1099 (Do not report Interest and Dividend Income, Non-taxable)		
FORM 1099 (Do not report Interest and Dividend Income, Non-taxable)		
MISC EARNED INCOME (PATENTS, FEES, HONORARIA, ETC)		
<b>Total (ENTER ON LINE 4b)</b>		00

Totals cannot be combined

Total Taxpayer

Total Spouse

**DISTRESSED/COMMUTER TAX WORKSHEET**

**Taxpayer**

	(1)	(2)	(3) Home Location	(4) Work Location	(5)	(6) Disallowed	(7) Credit Allowed
	Local Wages	Tax Withheld	Resident Rate	Non-Resident Rate	Col 4 minus Col 3	Withholding Credit	For Tax Allowed
	(W2 box 16 or 18)	(W2 box 19)	(Rate from line 6)	(See Instructions)	(if less than 0 enter 0)	(Col 1 x Col5)	(Col 2 - Col 6)
Example:	10,000	130	1.25%	1.30%	0.05%	5	125
1.							
2.							
3.							
<b>TOTAL - Enter this amount on Line 6a</b>							00

**DISTRESSED/COMMUTER TAX WORKSHEET**

**Spouse**

	(1)	(2)	(3) Home Location	(4) Work Location	(5)	(6) Disallowed	(7) Credit Allowed
	Local Wages	Tax Withheld	Resident Rate	Non-Resident Rate	Col 4 minus Col 3	Withholding Credit	For Tax Allowed
	(W2 box 16 or 18)	(W2 box 19)	(Rate from line 6)	(See Instructions)	(if less than 0 enter 0)	(Col 1 x Col5)	(Col 2 - Col 6)
Example:	10,000	130	1.25%	1.30%	0.05%	5	125
1.							
2.							
3.							
<b>TOTAL - Enter this amount on Line 6a</b>							00

SUBMIT A COPY OF THIS PAGE WITH YOUR RETURN AND NECESSARY SUPPORTING DOCUMENTS TO:  
CTCB PO BOX 60547 HARRISBURG PA 17106-0547