

**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

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)

CHECK HERE IF YOU MOVED DURING THIS TAX YEAR. PROVIDE EACH PHYSICAL ADDRESS FOR TAX YEAR 2014.

\*\*\* 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**

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

Extension and Non-Resident Return, see instructions

| VISIT <b>WWW.CAPTAX.COM</b> FOR ADDITIONAL FORMS OR INFORMATION   |   | Taxpayer                           |                                    |                           |
|---|---|------------------------------------|------------------------------------|---------------------------|
| This year each individual taxpayer must file on their own form. Column 1 and 2 will record the earnings and specified tax credits for the first half (Jan 1st thru June 30th) and the second half (July 1st thru Dec. 31st) respectively. Use the provided worksheets on the back of the Bureau's Copy to help determine the proper prorated amounts. 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                         | Homemaker                 |
|   |   | Active Duty Military               | Retired                            | Deceased                  |
|   |   | DATE: _____                        |                                    |                           |
|   |   | Column 1: From Jan. 1 thru June 30 | Column 2: From July 1 thru Dec. 31 | <b>Total</b>              |
|   |   | 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:  | Tax Rate:   |                                    | <b>1.70 %</b>                      | <b>1.75 %</b>             |
| a. Multiply Line 5 by proper tax rate provided for the correct portion of the year.   |   | 6a                                 | 00                                 | 00                        |
| 7. Tax Credits: a. Tax Withheld by Employer (Total from W2 Proration Worksheet or Partial Year Resident Worksheet)  |   | 7a                                 | 00                                 | 00                        |
| b. Quarterly Tax Payments   |   | 7b                                 |                                    | 00                        |
| c. Prior Year Overpayment (unless refunded)   |   | 7c                                 |                                    | 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                        |
| 8. Overpayment (If Line 7e is greater than Line 6a. AMOUNTS \$2.00 OR LESS WILL NOT BE REFUNDED)  |   | 8                                  |                                    | 00                        |
| a. Credit to Next Year  | NO CREDIT OR REFUND WILL BE PROCESSED WITHOUT COMPLETE DOCUMENTATION. | 8a                                 |                                    | 00                        |
| b. Refund <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit  |   | 8b                                 |                                    | 00                        |
| Direct Deposit Information  |   | ROUTING NO.                        |                                    |                           |
| Name of Bank  | Taxpayer  | Checking or Savings Acct           | ACCOUNT NUMBER                     |                           |
|   |   |                                    |                                    |                           |
| 9. Tax Balance Due (If Line 7e is less than Line 6a enter the difference as the balance due.)   |   | 9                                  |                                    | 00                        |
| 10. a. Interest and Penalty 1% per month of Line 9 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                        |
| 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                        |
| 12. Enter amount enclosed.  |   | 12                                 |                                    |                           |

**SIGN YOUR RETURN. Under penalties of perjury I have examined this return, and to the best of my belief it is true, correct and complete.**

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

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

MAKE TWO COPIES OF THE COMPLETED RETURN. ONE TO SUBMIT TO CTCB AND ONE TO KEEP FOR YOUR RECORDS.

\*Filing this tax return does not constitute an appeal.

MAKE CHECKS PAYABLE TO - CTCB