

Return this form with supporting documentation by  
(Enclose payments, do not staple)

**2017 LOCAL EARNED INCOME TAX RETURN  
CAPITAL TAX COLLECTION BUREAU**

**PO BOX 60547 HARRISBURG PA 17106-0547**

**Phone: (717) 957-7281**

Physical address: 506 South State Rd Marysville PA 17053

**WEBSITE: WWW.CAPTAX.COM**

Hours: 7 am - 4:15 pm MONDAY - THURSDAY CLOSED FRIDAY

**FOR ELECTRONIC FILING**

<input type="checkbox"/>	<b>CHECK HERE IF YOU MOVED DURING THIS TAX YEAR &amp; PROVIDE EACH PHYSICAL ADDRESS FOR TAX YEAR.</b>	<b>FIRST COMPLETE SCHEDULE P, PART-YEAR RESIDENT WORKSHEET IF YOU LIVED IN MORE THAN ONE MUNICIPALITY.</b>	<b>Dates</b>	<b>Physical Address [No PO Box/RR/RD] Include temporary addresses</b>
			/ / to / /	
			/ / to / /	
			/ / to / /	

<b>Current Name and Address (if different please change)</b>	<b>Electronic PIN:</b>	<b>Taxpayer A</b>	<b>Taxpayer B</b>
	<b>Social Security #:</b>		
	<b>Account #:</b>		
	<b>School District:</b>		
	<b>Municipality:</b>		

**Extension**   
**Amended Return**   
**Non-Resident Return**

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

Taxpayer A Email Address:	Taxpayer B Email Address:
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<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.		Disabled Unemployed Active Duty Military Homemaker Retired Deceased Date: _____	Disabled Unemployed Active Duty Military Homemaker Retired Deceased Date: _____

	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

NO CREDIT OR REFUND WILL BE PROCESSED WITHOUT COMPLETE DOCUMENTATION.

<b>Direct Deposit Information</b>	<b>Taxpayer, Spouse, Both</b>	<b>Checking or Savings Acct</b>	<b>ROUTING NO.</b>	<b>ACCOUNT NUMBER</b>
<b>Name of Bank</b>				

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			

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

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

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

### MULTIPLE W2 WORKSHEET

EMPLOYER'S NAME	TAXPAYER A				TAXPAYER B			
	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 A	TAXPAYER B
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>	<b>00</b>	<b>00</b>

Totals cannot be combined

Total Taxpayer

Total Spouse

### OTHER TAXABLE INCOME WORKSHEET

DESCRIPTION	TAXPAYER A	TAXPAYER B
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>	<b>00</b>	<b>00</b>

Totals cannot be combined

Total Taxpayer

Total Spouse