DUE BY:
1ST QTR - APRIL 30
2ND QTR - JULY 31
3RD QTR - OCT 31
4TH QTR - JAN 31

_____ EMPLOYER QUARTERLY EARNED INCOME TAX (EIT) WITHHOLDING RETURN
CAPITAL TAX COLLECTION BUREAU

You are entitled to receive a written explanation of your rights with regards to the audit, appeal, enforcement, refund and collection of local taxes withheld by contacting Capital Tax Collection Bureau.

Remit Form(s) and Payment to: PO BOX 60547 Harrisburg, PA 17106-0547

Physical Address: Capital Tax Collection Bureau, 506 South State Rd., Marysville, PA 17053 ***Phone Number: 717-957-7281***

FEDERAL EIN	ACCOUNT NUMBER	WORKSITE PSD CODE	YEAR	QUARTER

EMPLOYER BUSINESS NAME (Use Federal ID Name)

EMPLOYER BUSINESS LOCATION - STREET ADDRESS (***No*** PO Box, RD, or RR)

SECOND LINE OF ADDRESS

CITY	STATE	ZIP

MUNICIPAL TAXING AUTHORITY IN WHICH BUSINESS OR WORKSITE IS LOCATED	COUNTY

BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER

WORKSITE ADDRESS IF DIFFERENT THAN ABOVE

SECOND LINE OF ADDRESS

CITY	STATE	ZIP

1. Total Earned Income Tax Withheld	$
2. Credit or Adjustment (attach explanation)	$
3. Total of Earned Income Due (line 1 minus line 2)	$
4. Penalty & Interest ..... (1% per month after due date multiply by line 5)	$
5. Processing Fee (If Applicable)	$
6. Balance due with return (add lines 3,4 &5)	$

7. Date Period Ended (MM/DD/YYYY)	
8. Total Pages of this Return	
9. Total Number of Employees Listed	

If there has been a change of ownership or other transfer of business during this quarter, attach explanation and give name of present owner and date the change took place.

☐ CHANGE ☐ NO CHANGE

Do you expect to pay taxable wages next quarter? ☐ Yes ☐ No

I (WE) DECLARE, UNDER PENALTY OF LAW, THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)	TITLE

PRIMARY CONTACT PHONE NUMBER	PRIMARY CONTACT EMAIL ADDRESS

SIGNATURE OF PRIMARY CONTACT INDIVIDUAL	DATE (MM/DD/YYYY)

(10) EMPLOYEE'S FULL SOCIAL SECURITY NUMBER	(11) EMPLOYEE'S FULL NAME & ADDRESS	(12) GROSS COMPENSATION PAID THIS QUARTER	(13) AMOUNT OF EIT WITHHELD THIS QUARTER	(14) RESIDENT PSD CODE
		$	$	
		$	$	
		$	$	
		$	$	
FIRST PAGE TOTALS		$	$	

Make checks payable to: **CTCB**
*There will be a **$35.00** fee for returned payments and checks.*

TOTAL AMOUNT EIT ENCLOSED ..... $