

Return this form with supporting documentation by  
 April 17th 2018  
 (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"/> CHECK HERE IF YOU MOVED DURING THIS TAX YEAR & PROVIDE EACH PHYSICAL ADDRESS FOR TAX YEAR.	FIRST COMPLETE SCHEDULE P, PART-YEAR RESIDENT WORKSHEET IF YOU LIVED IN MORE THAN ONE MUNICIPALITY.	Dates	Physical Address [No PO Box/RR/RD]	Include temporary addresses
		/ / to / /		
		/ / to / /		
		/ / to / /		

Current Name and Address (if different please change) \_\_\_\_\_  
 Electronic PIN: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 School District: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 PSD: \_\_\_\_\_

Extension   
 Amended Return   
 Non- Resident Return

Extension and Non-Resident Return, see instructions

WWW.CAPTAX.COM FOR ELECTRONIC FILING AND ADDITIONAL FORMS		Taxpayer A		Taxpayer 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 NO EARNED INCOME circle the reason why:		Disabled	Unemployed
				Active Duty Military	Active Duty Military
				Homemaker	Retired
				Deceased DATE: _____	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
Direct Deposit Information		Taxpayer, Spouse, Both		Checking or Savings Acct	
Name of Bank		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				

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>	00	00

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>	00	00

Totals cannot be combined

Total Taxpayer

Total Spouse