

**CAPITAL TAX COLLECTION BUREAU
EMPLOYER'S QUARTERLY EARNED INCOME TAX RETURN**

MAKE CHECK PAYABLE TO: CTCB

There will be a \$25.00 fee for returned checks.

There may be additional collection fees if payment is not enclosed with this form at the time of filing.

TAX OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

- 1 TOTAL EARNED INCOME TAX WITHHELD FROM WAGES DURING QUARTER \$ _____
- 2 INTEREST AND PENALTY (AT THE RATE OF 1% PER MONTH ON THE BALANCE DUE AFTER THE DUE DATE) \$ _____
- 3 TOTAL: ADD LINE 1 AND LINE 2 \$ _____
- 4 LESS: MONTHLY OR OTHER DEPOSITORY PAYMENTS MADE THIS QUARTER \$ _____
- 5 AMOUNT DUE WITH THIS RETURN (LINE 3 MINUS LINE 4) \$ _____

6 TOTAL PAGES THIS RETURN: _____

EMPLOYER'S NAME & ADDRESS

EMPLOYER'S ACCOUNT NO.	QUARTER AND YEAR
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TOTAL # OF EMPLOYEES LISTED: _____

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND IS TO THE BEST OF MY KNOWLEDGE AND BELIEF A TRUE, CORRECT AND COMPLETE RETURN.

SIGNED _____

TITLE _____

DATE _____

IMPORTANT "ALWAYS RETURN THIS FORM FOR COMPLIANCE"

(7) EMPLOYEE'S SOCIAL SECURITY NO.	(8) EMPLOYEE'S NAME/ EMPLOYEE'S ADDRESS (Place an "X" in the box if the address is different from last quarter.)	(9) RESIDENT MUNICIPALITY (CITY, BOROUGH, TOWNSHIP)	(10) COUNTY	(11) WAGES PAID THIS QUARTER	(12) AMOUNT OF TAX WITHHELD THIS QUARTER
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