

**FORM MAG-1 TRANSMITTER REPORT
MAGNETIC MEDIA REPORTING OF W-2 INFORMATION TO
CAPITAL TAX COLLECTION BUREAU (CTCB)**

Instructions: Complete this form and return it along with the magnetic media and Form 512 (Employer's EIT Reconciliation) to:

CAPITAL TAX COLLECTION BUREAU
2301 N 3RD ST
HARRISBURG PA 17110-1893

Note: All magnetic media reports should be forwarded to our Harrisburg Division even if withholding taxes are remitted to our Carlisle or Central Dauphin Divisions. If more than one employer will be reported on the same media file, please complete page 2 of this form in lieu of completing item numbers 1, 2, and 7 below.

1. Federal EIN and CTCB issued employer numbers (if different):

Federal EIN Number _____
CTCB Employer Number (if different) _____

2. Full name and mailing address of employer:

3. Tax year of data being submitted _____

4. Person to contact regarding this magnetic media report:

Name: _____ Title: _____
Company: _____ Telephone: _____

5. Type of equipment on which media was prepared:

Main Frame	Media Drive
Manufacturer: _____	_____
Model Number: _____	_____

6. If submitting data on magnetic tape, identify the tape density and recording code used:

<i>DENSITY & RECORDING MODE:</i> _____ 1600 BPI	<i>RECORDING CODE:</i> _____ ASCII
_____ 6250 BPI	<i>(MUST BE 9 TRACKS)</i> _____ EBCDIC

7. No. of employees being reported on this magnetic media: _____

8. Name and address of person and organization to which media should be returned:

Instructions: Complete the following information for each employer, in lieu of item numbers 1, 2, and 7 on front, *if multiple employers are being reported on a single magnetic media file.*

1. Name & Mailing Address of Employer:

Federal EIN No.	CTCB Employer No. (if different)	No. of Employees

2. Name & Mailing Address of Employer:

Federal EIN No.	CTCB Employer No. (if different)	No. of Employees

3. Name & Mailing Address of Employer:

Federal EIN No.	CTCB Employer No. (if different)	No. of Employees

4. Name & Mailing Address of Employer:

Federal EIN No.	CTCB Employer No. (if different)	No. of Employees

5. Name & Mailing Address of Employer:

Federal EIN No.	CTCB Employer No. (if different)	No. of Employees

6. Name & Mailing Address of Employer:

Federal EIN No.	CTCB Employer No. (if different)	No. of Employees