

NON-WITHHELD TAX PAYMENT FOR LOCAL EARNED INCOME TAX: EIT DECLARATION FORM

Act 32 requires all individuals with earned income exceeding \$12,000.00, not subject to prior local tax withholdings (self-employment, employer not withholding local tax, miscellaneous income, etc.) to make quarterly estimated payments of local tax to the resident taxing authority. Payments may be made online via the eFiling link at WWW.CAPTAX.COM or by mail. Per DCED recommendations we will consider quarterly payments timely if submitted by the following dates.

Due Dates: 1st Quarter – April 30, _____ 3rd Quarter – October 31, _____
 2nd Quarter – July 31, _____ 4th Quarter – January 31, _____

Failure to remit Quarterly Estimated Payments may result in penalties and interest. Please contact our office with any questions.

INSTRUCTIONS FOR USE OF NON-WITHHELD TAX PAYMENT STUB (FORM 521) FOR LOCAL EARNED INCOME TAX

How much must be paid?

Completion of the grid will result in the amount you must pay for each of the calendar quarters. Record your dates of payment and check number in Lines F and G and retain this grid for your records. Amounts paid untimely or amounts underpaid will be subject to interest and penalty at the rate of 1% per month. Payments that do not at least equal the lesser of either: *100% of last year's un-withheld tax liability OR 80% of this year's actual un-withheld tax liability will be subject to underpayment interest and penalties.*

Please refer to the _____ EIT rate table for members at WWW.CAPTAX.COM.		1 ST Quarter	2 ND Quarter	3 RD Quarter	4 TH Quarter
A	Estimate tax from Self-Employment: Multiply your total estimated net profits by the appropriate tax rate for your resident municipality.				
B	Taxes from employers- multiply your earnings received in each quarter by the appropriate tax rates.				
C	Subtract actual employer withholdings by the correct tax rate.				
D	Subtract unused credit from last year's overpayment.				
E	Total amount to be remitted (Add Lines A thru D)				
F	Date Paid				
G	Check Number				

Quarter	Year

**Self-Employed/Non-Withheld Quarterly Tax Payment Submission
 For Local Earned Income Tax
 DECLARATION FORM (Form 521)
 Capital Tax Collection Bureau**

Name & Address:

Social Security Number:
 PSD Code:
 Municipality:
 School District:





Please verify that your information is correct. Note corrections below.

- Check here if you have moved. *Provide your new address below.*
 Check here if you are paying by Credit Card. *Fill out credit card information below.*

Amount of Payment:
 \$

KEEP A RECORD OF YOUR PAYMENT ON THE INSTRUCTION SHEET.

Correction to be made to Name, Address, Municipality, and/or School District		
Name:	Date of Move:	
Address Line 1:	State:	
Address Line 2:	City:	Zip Code:
Municipality:	School District:	

Check Box for type of Credit Card		
<input type="checkbox"/> American Express 	<input type="checkbox"/> Discover 	<input type="checkbox"/> MasterCard 
<input type="checkbox"/> Visa 		
Account No.:	Official Payments will add a 3% Service Fee to your credit card payment	Amount Being Paid:
Card Expiration Date:		
Signature:		

**RETURN YOUR PAYMENT AND THIS COMPLETED FORM TO CAPITAL TAX COLLECTION BUREAU
 PO BOX 60547 HARRISBURG PA 17106-0547**