

DUE BY:
March 30th, 2020

**2019 EMPLOYER LOCAL SERVICE TAX (LST) YEAR END RECONCILIATION
CAPITAL TAX COLLECTION BUREAU
(FORM LST-5)**

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

FEDERAL EIN	Account Number	WORKSITE PSD CODE	YEAR
EMPLOYER BUSINESS NAME (Use Federal ID Name)			
EMPLOYER MAIN BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD, or RR)			
SECOND LINE OF ADDRESS			
CITY		STATE	Zip
BUSINESS PHONE NUMBER		BUSINESS FAX NUMBER	

EIN under which this employer files <u>Earned Income Tax (EIT)</u> withholding for <u>at least</u> the employees included in this LST report (may be same or different Employer No.).	EIN:
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WORKSITE ADDRESS IF DIFFERENT THAN ABOVE		
SECOND LINE OF ADDRESS		
CITY		STATE
		Zip

MUNICIPAL TAXING AUTHORITY IN WHICH BUSINESS OR WORKSITE IS LOCATED
COUNTY
SCHOOL DISTRICT

Column A Total Lst Deductions	Column B Low Income Exemptions only
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1. Total number of employees subject to LST for this municipality and school district listed above (including low income exemptions).	1.	
2. Number of employees exempt from this LST (See Section 4; Sub-section B of instructions).	2.	
3. Number of exempt employees subject to the \$5.00 LST Low Income Exemption amount only (where applicable - see Exemption Form for municipalities with Low Income Exemption amount).	3.	
4. Multiply the number in Line 3 by the \$5.00 Low Income Exemption LST amount.	4.	
5. Quarter 1 ended March 31 LST remitted to CTCB (Column A total LST deductions due CTCB, Column B only low income exemptions included in column A)	5.	
6. Quarter 2 ended June 30 LST remitted to CTCB (Column A total LST deductions due CTCB, Column B only low income exemptions included in column A)	6.	
7. Quarter 3 ended September 30 LST remitted to CTCB (Column A total LST deductions due CTCB, Column B only low income exemptions included in column A)	7.	
8. Quarter 4 ended December 31 LST remitted to CTCB (Column A total LST deductions due CTCB, Column B only low income exemptions included in column A)	8.	
9. Total quarterly payments due CTCB (Add Column A Lines 5, 6, 7, and 8, do the same for Column B).	9.	
10. Total quarterly payments actually remitted to CTCB.	10.	
11. Where Lines 9 and 10 don't equal remit amount due or submit refund request.	11.	
Total Amount Due		

LST Refund Request Form located at WWW.CAPTAX.COM

Total Amount of Enclosed Check

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

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