

**DUE BY:**  
**1ST QTR - APRIL 30, \_\_\_\_\_**  
**2ND QTR - JULY 31, \_\_\_\_\_**  
**3RD QTR - OCT 31, \_\_\_\_\_**  
**4TH QTR - JAN 31, \_\_\_\_\_**

**\_\_\_\_ EMPLOYER QUARTERLY EARNED INCOME TAX (EIT) WITHHOLDING RETURN  
 CAPITAL TAX COLLECTION BUREAU**

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: 8391 Spring Rd Ste #3 New Bloomfield PA 17068**

**Physical Address: Capital Tax Collection Bureau, 8391 Spring Rd Ste #3 New Bloomfield PA 17068**

**Phone Number: 717-957-7281**

|   |                |                     |        |         |
|---|----------------|---------------------|--------|---------|
| FEDERAL EIN   | ACCOUNT NUMBER | WORKSITE PSD CODE   | YEAR   | QUARTER |
| EMPLOYER BUSINESS NAME (Use Federal ID Name)                        |                |                     |        |         |
| EMPLOYER BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD, or RR)  |                |                     |        |         |
| SECOND LINE OF ADDRESS  |                |                     |        |         |
| CITY  |                | STATE               | ZIP    |         |
| MUNICIPAL TAXING AUTHORITY IN WHICH BUSINESS OR WORKSITE IS LOCATED |                |                     | COUNTY |         |
| BUSINESS PHONE NUMBER   |                | BUSINESS FAX NUMBER |        |         |

|  |       |     |
|--|-------|-----|
| WORKSITE ADDRESS IF DIFFERENT THAN ABOVE |       |     |
| SECOND LINE OF ADDRESS                   |       |     |
| CITY                                     | STATE | ZIP |

|  |    |
|--|----|
| 1. Total Earned Income Tax Withheld  | \$ |
| 2. Credit or Adjustment (attach explanation)                                 | \$ |
| 3. Total of Earned Income Due (line 1 minus line 2)                          | \$ |
| 4. Penalty & Interest ..... (1% per month after due date multiply by line 5) | \$ |
| 5. Processing Fee (If Applicable)  | \$ |
| 6. Balance due with return (add lines 3,4 &5)                                | \$ |

|  |                                    |
|--|------------------------------------|
| 7. Date Period Ended (MM/DD/YYYY)  |                                    |
| 8. Total Pages of this Return  |                                    |
| 9. Total Number of Employees Listed  |                                    |
| If there has been a change of ownership or other transfer of business during this quarter, attach explanation and give name of present owner and date the change took place. |                                    |
| <input type="checkbox"/> CHANGE  | <input type="checkbox"/> NO CHANGE |
| Do you expect to pay taxable wages next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |

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

|  |                               |
|--|-------------------------------|
| 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)                                  |                               |

| (10) EMPLOYEE'S FULL SOCIAL SECURITY NUMBER | (11) EMPLOYEE'S FULL NAME & ADDRESS | (12) GROSS COMPENSATION PAID THIS QUARTER | (13) AMOUNT OF EIT WITHHELD THIS QUARTER | (14) RESIDENT PSD CODE |
|---|-------------------------------------|---|--|------------------------|
|   |                                     | \$  | \$                                       |                        |
|   |                                     | \$  | \$                                       |                        |
|   |                                     | \$  | \$                                       |                        |
|   |                                     | \$  | \$                                       |                        |

|                         |    |    |  |
|-------------------------|----|----|--|
| FIRST PAGE TOTALS ..... | \$ | \$ |  |
|-------------------------|----|----|--|

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

|                                 |    |  |
|---------------------------------|----|--|
| TOTAL AMOUNT EIT ENCLOSED ..... | \$ |  |
|---------------------------------|----|--|