

DUE BY:

April 30, 2015

**2014 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, 2301 N 3rd St., Harrisburg, PA 17110

FEDERAL EIN	EMPLOYER PSD CODE	YEAR
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
BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	

EIN under which this employer files Earned Income Tax (EIT) 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	WORKSITE PSD	
SECOND LINE OF ADDRESS		
CITY	STATE	Zip

MUNICIPAL TAXING AUTHORITY IN WHICH BUSINESS OR WORKSITE IS LOCATED	<table border="1"> <thead> <tr> <th>Column A</th> <th>Column B</th> </tr> </thead> <tbody> <tr> <td>Total Lst Deductions</td> <td>Low Income Exemptions only</td> </tr> </tbody> </table>	Column A	Column B	Total Lst Deductions	Low Income Exemptions only
Column A		Column B			
Total Lst Deductions		Low Income Exemptions only			
COUNTY					
SCHOOL DISTRICT					

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)	5.		
6.	Quarter 2 ended June 30 LST remitted to CTCB (Column A total LST deductions due CTCB, Column B only low income exemptions)	6.		
7.	Quarter 3 ended September 30 LST remitted to CTCB (Column A total LST deductions due CTCB, Column B only low income exemptions)	7.		
8.	Quarter 4 ended December 31 LST remitted to CTCB (Column A total LST deductions due CTCB, Column B only low income exemptions)	8.		
9.	Total quarterly payments due CTCB (Add Column A Lines 6, 7, 8 and 9).	9.		
10.	Total quarterly payments actually remitted to CTCB.	10.		
11.	Where Lines 10 and 11 don't equal remit amount due or submit refund request.			
	Total Amount Due	11.		

LST Refund Request Form located at WWW.CAPTAX.COM**Total Amount of Enclosed Check**

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)

Make checks payable to: **CTCB**

There will be a \$35.00 fee for returned payments and checks.