

2006 EMST-5

Employer Year End Reconciliation Form
For the taxing Jurisdiction(s) of:

MUNICIPALITY _____
SCHOOL DISTRICT _____

Tax Amount \$ _____

Complete & Return by March 15, 2007 to:
CAPITAL TAX COLLECTION BUREAU

EMST Employer No. _____
Employer Name & Address:

1.	Employer No. under which this employer files <u>Earned Income Tax (EIT)</u> withholding to CTCB for <u>at least</u> the employees included in this EMST report (may be same or different Employer No.).	1.	
2.	Is the group of employees being reported herein <u>for EMST</u> , the <u>exact</u> same group of employees that is reported to CTCB <u>for EIT</u> under the Employer No. for Line 1 above? The answer to this would be "NO" if your EIT filing to CTCB under the Employer No. in Line 1 combines employees from 2 or more worksites (e.g., stores, offices, etc.) <u>that are located in different municipalities</u> .	2.	
3.	No. of employees (W-2's) reported to CTCB for this tax year <u>for EIT</u> under the Employer No. listed in Line 1. If the answer to Line 2 is "YES," skip to Line 5.	3.	
4.	Enter the number of employees reported for EIT purposes under the EIT Employer No. in Line 1 <u>that are not included</u> in this employee group for EMST reporting due to combined EIT reporting for several employee worksites.	4.	
5.	No. of employees subject to this EMST. If the answer to Line 2 is "YES," enter value from Line 3. If the answer to Line 2 is "NO," subtract line 4 from line 3.	5.	
6.	Multiply the number in Line 5 by the appropriate EMST individual tax amount. This is the total EMST tax liability before your payments and other credits. If this form is "pre-printed," this tax amount is found in the box at the top center of this form.	6.	
7.	Quarter 1 payments - ending March 31	7.	
8.	Quarter 2 payments - ending June 30	8.	
9.	Quarter 3 payments - ending September 30	9.	
10.	Quarter 4 payments - ending December 31	10.	
11.	Total quarterly payments (Add Lines 7, 8, 9 and 10)	11.	
12.	Total amount of "employer collection fees" deducted from payments in Lines 7 thru 10, if any.	12.	
13.	Total credits from attached Form ND-1(a)	13.	
14.	Total credits from attached Form ND-1(b)	14.	
15.	Total credits and payments (Add Lines 11, 12, 13 and 14)	15.	
16.	If Line 15 is greater than Line 6, EMST Refund Due (subtract Line 6 from Line 15)	16.	
17.	If Line 6 is greater than Line 15, EMST Balance Due (subtract Line 15 from Line 6)	17.	

Under penalties of perjury I declare that I have examined this return and accompanying forms and, to the best of my knowledge and belief, they are true, correct and complete.

Signature X	Date	Telephone Number
Print Name	Title	