

Emergency & Municipal Services Tax

# 2006 EMST-5

Employer Year End Reconciliation Form  
For the taxing Jurisdiction(s) of:  
**HOWE TOWNSHIP, PERRY COUNTY**

Tax Amount
Prior to 4/18/06: <b>\$10.00</b>
After 4/17/06: <b>\$20.00</b>

Complete & Return by March 15, 2007 to:  
**CAPITAL TAX COLLECTION BUREAU**  
HARRISBURG DIVISION  
2301 N 3RD ST  
HARRISBURG PA 17110-1893  
PHONE: (717) 234-3217

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 for <u>EMST</u> , the <u>exact</u> same group of employees that is reported to CTCB for <u>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 for <u>EIT</u> under the Employer No. listed in Line 1. If the answer to Line 2 is "YES," skip to Line 5a.	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.	
5a.	No. of employees subject to this EMST at a \$10 tax rate (i.e., did not work for you at this site after 4/17/06). <b>Note: a listing of these employees providing SSN, Name, Address &amp; EMST withheld amount must be returned as part of this EMST-5 reporting.</b>	5a.	
5b.	No. of employees subject to this EMST at a \$20 tax rate (i.e., either continued or started work at this site after 4/17/06).	5b.	
5c.	Total no. of employees subject to this EMST. Add lines 5a. & 5b. If the answer to Line 2 is "YES," this should equal Line 3. If the answer to Line 2 is "NO," this should equal line 3 minus line 4.	5c.	
6a.	Multiply the number in Line 5a. by \$10.	6a.	
6b.	Multiply the number in Line 5b. by \$20.	6b.	
6c.	Add line 5a. and 5b. This is the total EMST tax liability before your payments and other credits.	6c.	
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) (both \$10 & \$20 versions, if applicable)	13.	
14.	Total credits from attached Form ND-1(b) (both \$10 & \$20 versions, if applicable)	14.	
15.	Total credits and payments (Add Lines 11, 12, 13 and 14)	15.	
16.	If Line 15 is greater than Line 6c, EMST Refund Due (subtract Line 6 from Line 15)	16.	
17.	If Line 6c 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 <b>X</b>	Date	Telephone Number
Print Name	Title	