

RETURN BY APRIL 15, 2000 TO:
CAPITAL TAX COLLECTION BUREAU

1999
LOCAL EARNED INCOME
TAX RETURN (FORM 531)

TO CONSTITUTE PROOF OF FILING, THE TAXPAYER'S COPY MUST BE VALIDATED BY THE BUREAU. TO HAVE YOUR COPY VALIDATED BY MAIL, RETURN BOTH THE BUREAU'S AND TAXPAYER'S COPIES ALONG WITH A SELF ADDRESSED STAMPED ENVELOPE.

TAX OFFICE USE ONLY - DO NOT WRITE IN THIS AREA.

SEE BACK OF RETURN FOR
PHONE NUMBER AND OFFICE HOURS

www.captax.com

A HUSBAND AND WIFE MAY BOTH FILE ON THIS FORM. HOWEVER, TAX CALCULATIONS MUST BE REPORTED IN SEPARATE COLUMNS. JOINT FILING (i.e., COMBINING INCOME) IS NOT PERMITTED.

	SOC. SEC. NO. A	SOC. SEC. NO. B
1 W-2 EARNINGS (From attached W-2's)	1	
2 EMPLOYEE BUSINESS EXPENSES (Attach Federal Form 2106 & State Schedule UE)	2	
3 TAXABLE W-2 EARNINGS (Subtract Line 2 from Line 1)	3	
4 OTHER TAXABLE EARNED INCOME (NO INTEREST OR DIVIDENDS) Complete Section B on Back	4	
5 TOTAL TAXABLE EARNED INCOME (Add Lines 3 and 4)	5	
6 NET LOSS FROM BUSINESS, PROFESSION, OR FARM (ATTACH FEDERAL OR STATE SCHEDULE C, K or F)	6	
7 SUBTOTAL (Subtract Line 6 from Line 5) IF LESS THAN ZERO, ENTER ZERO	7	
8 NET PROFIT FROM BUSINESS, PROFESSION, OR FARM (ATTACH FEDERAL OR STATE SCHEDULE C, K or F)	8	
9 TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Lines 7 and 8)	9	
10 TAX LIABILITY: 1% OF LINE 9 (Multiply Line 9 by .01)	10	
11 TOTAL LOCAL INCOME TAXES WITHHELD EXCEPT PHILADELPHIA INCOME TAX (From attached W-2's, Box 21)	11	
12 QUARTERLY PAYMENTS AND/OR LAST YEAR'S OVERPAYMENT CREDITED TO THIS YEAR	12	
13 CREDITS FOR TAXES PAID TO PHILADELPHIA AND/OR STATES OTHER THAN PA (ATTACH LOCAL SCH. G) AND OR CREDITS FOR CERTIFIED RESIDENTS OF THE HARRISBURG KEYSTONE OPPORTUNITY ZONE (KOZ)	13	
14 TOTAL WITHHOLDINGS & PAYMENTS (Add Lines 11, 12 and 13)	14	
15 TAX BALANCE DUE (Subtract Line 14 from Line 10) PAYMENT NOT NECESSARY IF LESS THAN \$1.00 ☹ .	15	
16 INTEREST & PENALTY (See Instructions)	16	
17 TOTAL BALANCE DUE (Add Lines 15 and 16) Make check payable to "CTCB"	17	
18 OVERPAYMENT (Subtract Line 10 from Line 14) IF LESS THAN ZERO, ENTER ZERO ☺ .	18	
19 OVERPAYMENT TO BE REFUNDED	19	
20 OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX	20	
21 OVERPAYMENT TO BE CREDITED TO SPOUSE'S BALANCE DUE FOR THIS FILING YEAR	21	

TYPE OR PRINT INFORMATION BELOW. IF PRE-PRINTED, CHECK FOR ACCURACY AND MAKE CORRECTIONS WHERE NECESSARY. SPOUSE'S NAME, SIGNATURE, AND OTHER INFORMATION SHOULD BE PROVIDED ONLY IF HE OR SHE IS ALSO FILING ON THIS RETURN.

YOUR RESIDENT MUNICIPALITY (TOWNSHIP, BOROUGH, OR CITY)	DAYTIME PHONE NUMBER	TAX OFFICE USE ONLY
YOUR SOCIAL SECURITY NUMBER A / /	YOUR NAME (LAST, FIRST, MI)	
SPOUSE'S SOCIAL SECURITY NUMBER B / /	SPOUSE'S NAME (LAST, FIRST, MI)	
HAVE YOU MOVED FROM THE BEGINNING OF THE TAX FILING YEAR TO PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE SECTIONS A & C ON REVERSE SIDE OF THIS FORM.	HOME ADDRESS	

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

YOUR SIGNATURE X	DATE	YOUR OCCUPATION
SPOUSE'S SIGNATURE (ONLY IF ALSO FILING ON THIS FORM) X	DATE	SPOUSE'S OCCUPATION (ONLY IF ALSO FILING ON THIS FORM)
PAID PREPARER'S NAME (PLEASE PRINT)	FIRM'S NAME (OR ENTER "S.E." IF SELF-EMPLOYED)	PAID PREPARER'S PHONE NUMBER

CAPITAL TAX COLLECTION BUREAU MEMBER MUNICIPALITIES

The following municipalities are served by the Capital Tax Collection Bureau. Shown below each of the two columns of municipalities is the Capital Tax Collection Bureau office that serves those municipalities. If, during the tax year, you were a part year resident of municipalities listed on both the left and right sections you may file your return at either of our offices. If you did not live in any of these areas for any part of the tax year, you should not file with our bureau (but if you receive a pre-printed return from us please return it to us noting where you resided during the tax year). If you are unsure where you are to file, phone one of our offices and we will be happy to assist you.

DAUPHIN COUNTY

- Harrisburg City
- Highspire Borough
- Reed Township
- Steelton Borough

PERRY COUNTY

- All Municipalities

JUNIATA COUNTY

- Greenwood Township

CUMBERLAND COUNTY

- Carlisle Borough
- Cooke Township
- Dickinson Township
- Lower Frankford Township
- Lower Mifflin Township
- Mt. Holly Springs Borough
- Newville Borough
- North Middleton Township
- North Newton Township
- Penn Township
- South Middleton Township
- South Newton Township
- Upper Frankford Township
- Upper Mifflin Township
- West Pennsboro Township

If you were a resident of any of the above municipalities for any part of the tax year, file with the office shown below.

**Capital Tax Bureau
Harrisburg Division
2301 N. 3rd St.
Harrisburg, PA 17110-1893**

**Hours:
Mon. - Thurs. 8:00 A.M. - 4:00 P.M.
Friday 8:30 A.M. - 4:00 P.M.
Phone: (717) 234-3217**

If you were a resident of any of the above municipalities for any part of the tax year, file with the office shown below.

**Capital Tax Bureau
Carlisle Division
19 S. Hanover St., #102
Carlisle, PA 17013-3336**

**Hours:
Mon. 8:30 A.M. - 4:00 P.M.
Tue. - Fri. 8:00 A.M. - 4:00 P.M.
Phone: (717) 243-3725**

DIRECTIONS: IF TWO TAXPAYERS ARE FILING ON THIS RETURN, PLEASE PLACE AN "H" (HUSBAND) OR "W" (WIFE) BEFORE EACH LINE ENTRY IN SECTIONS A AND B BELOW.

SECTION A: TAXPAYER'S EMPLOYER INFORMATION (Complete only if you moved during the tax year.)

H/W	EMPLOYER'S NAME	DATE EMPLOYED DURING THIS TAX YEAR		EMPLOYER'S LOCAL ADDRESS	GROSS EARNINGS	LOCAL INCOME TAX (BOX 21 OF W-2)	
		FROM	TO				

SECTION B: OTHER TAXABLE INCOME

H/W	PAYMENT FOR (WORK OR SERVICE PERFORMED)	RECEIVED FROM (PAYOR)	AMOUNT

SECTION C: MOVING INFORMATION (If you moved during the tax year, also complete Section A above.)

PERIOD LIVED HERE	MAILING ADDRESS	CITY / BOROUGH / TOWNSHIP
/ / TO / /		
/ / TO / /		
/ / TO / /		
/ / TO / /		
CURRENT ADDRESS (IF DIFFERENT THAN LAST LINE ABOVE)		