

**DUE by the Last
Day of
February ____**

**____ EMPLOYER EARNED INCOME TAX (EIT) W2 ANNUAL RECONCILIATION
CAPITAL TAX COLLECTION BUREAU**

As reported on Employer EIT Quarterly Return with income tax withheld as shown on Withholding Statements (W-2)
Remit Form(s) and Payment to: 8391 Spring Rd Ste #3 New Bloomfield PA 17068
Physical Address: 8391 Spring Rd Ste #3 New Bloomfield PA 17068 Phone Number: 717-957-7281

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.

FEDERAL EIN	ACCOUNT NUMBER	WORKSITE 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	
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 number of withholding statements (W-2s must be included) accompanying this report		
2. Total income tax withheld from all wages during the year as shown on (W-2s) (A)	\$	
	EARNDED INCOME TAX	Tax Paid
	Quarter ended March 31	\$
	Quarter ended June 30	\$
	Quarter ended September 30	\$
	Quarter ended December 31	\$
3. Total quarterly income tax from wages during the year as reported on EIT Quarterly Returns (B)	\$	
DIFFERENCE (Total A minus B)	\$	
TOTAL AMOUNT OF ENCLOSED CHECK	\$	

4. Any difference between A and B must be explained in attached statement. Where A and B do not agree, please remit or request refund.

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)

Instructions for Employer Earned Income Tax (EIT) W-2 Annual Reconciliation From

1. Include municipal location of business in PA, assigned account number and Federal ID number. Include employer's full business name, business address, municipality and county business is located in, and business phone.
2. On or before the last day of February, following the close of the calendar year, file online at **WWW.CAPTAX.COM** or return the completed reconciliation form to CTCB. This form must be accompanied by the CITY INCOME TAX copy of the Form W-2 for each employee from whom income tax has been withheld during the year.
3. The total of all income tax withheld as reflected on W-2s should be entered on line 2. Total earned income tax as reported on a quarterly basis should be entered on line 3. Record the difference of A minus B.
4. Please remit any additional monies owed when filing the reconciliation. Attach statement of explanation and include the employee's name, SSN, street address, resident PSD code and amount being paid with the reconciliation.
5. Return form and make necessary payments out to: Capital Tax Collection Bureau, PO BOX 60547 Harrisburg, PA 17106-0547