

DUE BY:
March 30th

**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, 8391 Spring Rd Ste #3 New Bloomfield Pa 17068 Phone Number: 717-957-7281

FEDERAL EIN	Account Number	WORKSITE PSD CODE	YEAR
EMPLOYER BUSINESS NAME (Use Federal ID Name)			
EMPLOYER MAIN 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 <u>Earned Income Tax (EIT)</u> 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		
SECOND LINE OF ADDRESS		
CITY		STATE
		Zip

MUNICIPAL TAXING AUTHORITY IN WHICH BUSINESS OR WORKSITE IS LOCATED			
COUNTY			
SCHOOL DISTRICT			

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

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.*