RETURN BY APRIL 15, 2003 TO:
CAPITAL TAX COLLECTION BUREAU

See Page 3 of Instruction Sheets in this packet for mailing address labels or see back of Taxpayer's Copy of return for addresses, phone numbers, and office hours.

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 TAX BUREAU'S AND TAXPAYER'S COPIES ALONG WITH A SELF ADDRESSED STAMPED ENVELOPE.

2002

LOCAL EARNED INCOME TAX RETURN (FORM 531)

ACT 24

www.captax.com

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

THIS FORM IS ONLY FOR USE BY AN INDIVIDUAL TAXPAYER WHERE SPLIT-YEAR FILINGS ARE REQUIRED. A SPOUSE CANNOT ALSO FILE ON THIS RETURN.

			COLUMN # 1 ACTIVITY FROM JANUARY 1 THRU JUNE 30	COLUMN # 2 ACTIVITY FROM JULY 1 THRU DEC 31	TOTALS
1	W-2 EARNINGS (From attached W-2's)	1			
2	EMPLOYEE BUSINESS EXPENSES (Attached 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) LIST TYPE:_____	4			
5	TOTAL TAXABLE EARNED INCOME (Add Lines 3 and 4)	5			
6	NET LOSS FROM BUSINESS, PROFESSION, OR FARM (Attach Federal and/or State Schedules C, F and/or K-1 (1065)) — SPECIAL RULE AMOUNT	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 and/or State Schedules C, F and/or K-1 (1065))	8			
9	TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Line 7 and 8)	9			
10	ENTER TAX RATES FOR COLUMNS 1 & 2 FROM THE "TAX RATE TABLE" FOUND ON THE LAST PAGE OF THIS FORM PACKET. BE SURE TO DIFFERENTIATE BETWEEN 1ST HALF & 2ND HALF RATES	10			
11	TAX LIABILITY (COLUMNS 1 & 2: Multiply Line 9 by Line 10; TOTALS COLUMN: Add Line 11 Items, columns 1 & 2)	11			
12	TOTAL LOCAL INCOME TAXES WITHHELD EXCEPT PHILADELPHIA & PITTSBURGH INCOME TAX (From attached W-2's, Box 19)	12			
13	QUARTERLY PAYMENTS AND/OR LAST YEAR'S OVERPAYMENT CREDITED TO THIS YEAR	13			
14	CREDITS FOR TAXES PAID TO PHILADELPHIA AND/OR STATES OTHER THAN PA (ATTACH SCH. G) AND/OR CREDITS FOR CERTIFIED RESIDENTS OF THE HARRISBURG KEYSTONE OPPORTUNITY ZONE (KOZ)	14			
15	TOTAL WITHHOLDINGS & PAYMENTS (Add Line 12, 13 and 14)	15			
16	TAX BALANCE (Subtract Line 15 from Line 11) PAYMENT NOT NECESSARY IF LESS THAN $1.00 ☹	16			
17	INTEREST & PENALTY (See Instructions)	17			
18	TOTAL BALANCE DUE (Add Lines 16 and 17) Make check payable to "CTCB"	18			
19	OVERPAYMENT (Subtract Line 11 from Line 15) IF LESS THAN ZERO, ENTER ZERO ☺	19			
20	OVERPAYMENT TO BE REFUNDED ..... HAVE IT DIRECTLY DEPOSITED!	20			

DIRECT DEPOSIT INFORMATION

SELECT ONE: CHECKING ☐ SAVINGS ☐

ROUTING NO. ☐☐☐☐☐☐☐☐☐

ACCOUNT NO. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

21	OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX	21			
22	DO NOT USE THIS LINE	22			

TYPE OR PRINT INFORMATION BELOW. IF PREPRINTED, CHECK FOR ACCURACY AND MAKE CORRECTIONS WHERE NECESSARY.

YOUR RESIDENT MUNICIPALITY (TOWNSHIP, BOROUGH, OR CITY)	DAYTIME PHONE NUMBER	
YOUR SOCIAL SECURITY NUMBER / /		YOUR NAME (LAST, FIRST, MI)
HAVE YOU MOVED FROM THE BEGINNING OF THE TAX FILING YEAR TO PRESENT? ☐ YES ☐ NO	IF YES, COMPLETE SCHEDULE P ON BACK OF "BUREAU'S" COPY OF RETURN	HOME ADDRESS

UNDER PENALTIES 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
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 -- LOCAL EARNED INCOME TAX (SCHEDULE P) -- PARTIAL YEAR RESIDENT PRORATION WORKSHEET

(An enhanced, self-calculating Excel version of this worksheet is available on our website at www.captax.com)

Instructions for this Schedule are found on the back of the Taxpayer's Copy of final return.

Name

SSN

Tax Year

Enter "12" for calulation using full months, else, "365" for calculation to exact day ---------->>>

	LOCATION/RATE 1	LOCATION/RATE 2	LOCATION/RATE 3
MUNICIPALITY			
STREET ADDRESS			
CITY, STATE, ZIP			
TAX RATE %			
DATE RESIDENT FROM	01/01/02	/ /	/ /
DATE RESIDENT THRU	/ /	/ /	/ /
MONTHS (OR DAYS)			

For each W-2, 1099, employee business expense (EBE) schedule, or self-employment schedule, divide the total on each form by the number of months (or days) you worked for that employer, multiply the result by the number of months (or days) you lived in each location while working for that employer

	W-2 WAGES EMPLOYER'S NAME	LOCAL WAGES	LOCAL TAX W/H	EBE FOR THIS EMP	DATES EMPLOYED DURING THIS TAX YEAR FROM	THRU	MONTHS (OR DAYS)	PRORATED WAGES	PRORATED TAX W/H'S	EMPLOYEE BUSINESS EXPENSES	PRORATED WAGES	PRORATED TAX W/H'S	EMPLOYEE BUSINESS EXPENSES	PRORATED WAGES	PRORATED TAX W/H'S	EMPLOYEE BUSINESS EXPENSES
1					/ /	/ /										
2					/ /	/ /										
3					/ /	/ /										
4					/ /	/ /										
5					/ /	/ /										
6					/ /	/ /										
TOTALS	**W-2 TOTALS & EMPLOYEE BUSINESS EXPENSE (EBE) TOTALS** (add lines 1 through 6. Enter on Lines 1, 12 & 2 of 531 for location(s) in CTCB jurisdiction).							531 LINE 1	531 LINE 12	531 LINE 2	531 LINE 1	531 LINE 12	531 LINE 2	531 LINE 1	531 LINE 12	531 LINE 2

	OTHER INCOME (ENTER SOURCE)	TOTAL AMOUNT	DATES EARNED DURING THIS TAX YEAR FROM	THRU	MONTHS (OR DAYS)	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED OTHER	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED OTHER	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED OTHER
7			/ /	/ /										
8			/ /	/ /										
TOTALS	**OTHER INCOME TOTALS** (add lines 7 and 8. Enter on Line 4 of 531 portion received while living in the location(s) in CTCB's jurisdiction).							531 LINE 4			531 LINE 4			531 LINE 4

	NET BUSINESS LOSS(ES) BUSINESS NAME (TYPE SCHEDULE)	NET LOSS AMOUNT	DATES OPERATED DURING THIS TAX YEAR FROM	THRU	MONTHS (OR DAYS)	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET LOSS	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET LOSS	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET LOSS
9			/ /	/ /										
10			/ /	/ /										
11			/ /	/ /										
TOTALS	**NET LOSS TOTALS** (add lines 9, 10 and 11. Enter on Line 6 of 531 portion received while living in the location(s) in CTCB's jurisdiction).							531 LINE 6			531 LINE 6			531 LINE 6

	NET BUSINESS PROFIT(S) BUSINESS NAME (TYPE SCHEDULE)	NET PROFIT AMOUNT	DATES OPERATED DURING THIS TAX YEAR FROM	THRU	MONTHS (OR DAYS)	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET PROFIT	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET PROFIT	MO.'S/DAYS THIS LOCALE	PRORATION % THIS LOCALE	PRORATED NET PROFIT
12			/ /	/ /										
13			/ /	/ /										
14			/ /	/ /										
TOTALS	**NET PROFIT TOTALS** (add lines 12, 13 and 14. Enter on Line 8 of 531 portion received while living in the location(s) in CTCB's jurisdiction).							531 LINE 8			531 LINE 8			531 LINE 8