



Lancaster County Tax Collection Bureau

1845 William Penn Way Suite 1

Lancaster, PA 17601-6713

Phone: (717) 569-4521

Fax: (717) 569-1623

www.lctcb.org email: employer@lctcb.org

EMPLOYER CHANGE REQUEST FORM

Change of Address

Terminate Account

EMPLOYER INFORMATION

Company Name: _____

Account Number (Optional) _____ FEIN: _____

Address: _____

Contact Name: _____ Phone Number: _____

CHANGE OF ADDRESS

New Address: _____

City: _____ State: _____ Zip: _____

TERMINATE ACCOUNT

Reason:

Business Sold

Business Closed

No Employees

Moved Out of Jurisdiction

Date of Last Payroll: ___/___/___

Signature: _____

Title: _____

Printed Name: _____

Date: ___/___/___

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund, and collection of taxes collected by LCTCB by requesting the Lancaster County Tax Collection Bureau Taxpayers Bill of Rights Disclosure Statement. To obtain a copy, access the LCTCB website at www.lctcb.org, call LCTCB at (717) 569-4521 Monday through Friday between the hours of 8:00 AM and 4:00 PM, or send a written request to LCTCB at 1845 William Penn Way, Suite One, Lancaster, PA 17601-6713.