



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

EMPLOYER CHANGE REQUEST FORM

Terminate Account

Change of Address

EMPLOYER INFORMATION

Company Name: _____

Account Number _____

FEIN: _____

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.



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EMPLOYER REFUND REQUEST FORM

Please complete refund request form in full, including an explanation, and mail or fax to our Bureau

Company Name: _____

Account Number: _____ FEIN: _____

Contact Name: _____ Phone Number: _____

Account Overpaid:

Total Taxes Remitted (Including Overpayment): \$ _____ Overpayment: \$ _____

Amended Total (Excluding Overpayment): \$ _____

Quarter/Year: _____ / _____

Taxes Remitted in Error:

Amount Remitted in error: \$ _____ Check Number(s): _____

Quarter/Year: _____ / _____

Employee(s) Remitted in Error:

Employee Names/Social Security Number:

(Please attached additional employees on a separate sheet of paper)

_____ Total Remitted in Error: \$ _____

_____ Amended Reconciliation Total: \$ _____

_____ Tax Year/Quarter: _____ / _____

Other/Miscellaneous

Refund Amount: \$ _____

Quarter/Year: _____ / _____

Explanation: _____

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