



LANCASTER COUNTY TAX COLLECTION BUREAU

1845 WILLIAM PENN WAY, SUITE 1

LANCASTER, PA 17601-6713

Telephone: (717) 569-4521 Fax: (717) 569-1623

EMPLOYER'S REGISTRATION FOR WITHHOLDING EARNED INCOME TAX

BUREAU ACCT # _____
(For Bureau Use Only)

FEDERAL EIN: _____

EMPLOYER'S NAME: _____
(Use Federal I.D. Name)

TRADE/BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY & STATE: _____ **ZIP:** _____

IMPORTANT –Please indicate if your business is located in Lancaster or Middletown and list all the locations in each jurisdiction. (Use reverse side if necessary)

Lancaster Employer Middletown Employer

PHYSICAL LOCATION(S): _____

CITY & STATE: _____ **ZIP:** _____

CONTACT PERSON: _____

TELEPHONE NO: (_____) _____

FAX NO: (_____) _____

E-MAIL ADDRESS: _____

PAYROLL SERVICE (If Applicable): _____

DATE OF FIRST PAYROLL: _____

TYPE OF ORGANIZATION:
 Corporation Sole Proprietorship Partnership Association Other

I hereby certify the above information is true and complete to the best of my knowledge and belief and are made in good faith.

Signature: _____ **Title:** _____ **Date:** _____

Please return this form to the above address as soon as possible to insure prompt registration of your business. Thank you.