

# 2009

## YORK ADAMS TAX BUREAU

1405 North Duke Street  
P.O. Box 15627  
York, Pennsylvania 17405-0156  
Phone (717)812-1894 Fax (717)854-6376  
(717)812-0759

*email: [employer@yatb.com](mailto:employer@yatb.com)  
[www.yatb.com](http://www.yatb.com)*

### 2009 EMPLOYER'S WITHHOLDING OF COMPENSATION TAX

REFER TO CHANGES FOR 2009

CONTENTS: Instructions for Form 319  
Instructions for Form 322  
( 4 ) Quarterly Form 319  
( 1 ) Annual Reconciliation Form 322  
( 1 ) Change of Address Form  
( 1 ) Business Termination Form  
( 1 ) Register of Payments

### NEW FOR TAX YEAR 2008/2009

- **REFER TO THE ENCLOSED CHART FOR A COMPLETE UPDATED LIST OF ALL MEMBER TAXING AUTHORITIES INCLUDING WITHHOLDING RATES FOR EIT AND LST TAXES.**
- **FILING OF ANNUAL/QUARTERLY EARNED INCOME TAX DETAIL IS NOW AVAILABLE ONLINE.**
- **REFER TO THE ENCLOSED INFORMATION/INSTRUCTIONS FOR DETAILS.**
- **THE BUREAU ENCOURAGES ALL EMPLOYERS TO UTILIZE THIS SERVICE.**

**FOLLOWING ARE THE 2009 INSTRUCTIONS. FOR A MORE EXTENSIVE EXPLANATION OF THE INSTRUCTIONS REFER TO THE BUREAU WEB SITE: [WWW.YATB.COM](http://WWW.YATB.COM). (FIRST PAGE OF FORM #214 INSTRUCTIONS AND SECTION 203 & 205 RULES AND REGULATIONS).**

**TAXABLE EARNED INCOME INCLUDES:** If your W-2 local wage box does not include the following, they must be added to determine the correct taxable wages: Deferred compensation contribution is taxable in the year of the contribution; The earnings component of stock option plans are taxable when the option is exercised; Flex Pay; Cafeteria Plan (except medical benefits); Non-cash fringe benefits; Bonuses; Reimbursed moving or business expenses; Taxes assumed by the employer; Incentive payments (ie: phantom stock plans); Fellowships & stipends; Vacation pay; Commissions; Sub Pay; Fees; Executor's Fee; Honoraria; Severance pay; Reserve pay for military or national guard; Distributions received prior to actual date of retirement (including but not limited to ESOP, PAYSOP, 401K, 403B, 457B, cafeteria plans (not including medical benefits); etc.) shall be taxable on the employers contributed portion, IF the distribution is not rolled into an individual qualified retirement plan. Limited liability company income.

**NON-TAXABLE INCOME:** Jury duty pay; personal use of company vehicle; clergy parsonage or housing allowance payments; Cafeteria plan medical benefits; Unemployment benefits; Public assistance; Interest; Dividends; Scholarships; Active duty military pay; Social Security benefits; Lottery winnings; Strike pay; Cost of group term insurance; Third party sick pay; Disability pay; Capital gains; S corporation income; Annuities; Pensions; IRS pension payments received after retirement; proceeds from insurance policies; Death benefit payments; Inheritance; Value of meals & lodging furnished domestic or other employees by the employer for the employer's convenience; Profits from limited partnerships engaged in real estate, oil, gas, mining leases, or other similar investment.

SEE ENCLOSED CHART FOR A COMPLETE LIST OF ALL MEMBER TAXING AUTHORITIES INCLUDING WITHHOLDING RATES FOR EIT AND LST TAXES.

THE YORK ADAMS TAX BUREAU IS A NON-RESIDENT COLLECTOR FOR EARNED INCOME/COMPENSATION TAX PURPOSES. THIS WILL REQUIRE ALL EMPLOYERS, BUSINESS OWNERS AND PAYROLL SERVICES LOCATED WITHIN THE YORK ADAMS TAX BUREAU TO WITHHOLD FROM ALL EMPLOYEES, REGARDLESS WHERE THEY RESIDE (Except Maryland Residents). IT WILL BECOME THE RESPONSIBILITY OF THIS TAX BUREAU TO FORWARD TAX TO THE PROPER TAXING AUTHORITIES AND TO OTHER TAX OFFICES WHERE THE EMPLOYEE RESIDES. THE REQUIRED MAXIMUM TAX RATE FOR NON-RESIDENT IS ONE PERCENT (1%). ADDITIONAL TAX MAY BE WITHHELD AT THE AGREEMENT OF THE EMPLOYER AND EMPLOYEE.

## ACH Credit Remittance of Earned Income Tax Withheld from Employee Earnings

Prior to attempting to remit tax to this Bureau by the "ACH CREDIT" method, the employer must first contact this Bureau to obtain the required information, including the addenda record layout specifics and back information, as this is subject to change. **See website for specifications.**

Any employer who does not follow the required procedure and does not include all of the specified addenda record layout information shall not be authorized to remit tax to this Bureau by the "ACH CREDIT" method.

Web site: [www.yatb.com](http://www.yatb.com)

Email: [employer@yatb.com](mailto:employer@yatb.com) Attn: employer accounts

Fax: 717-854-6376 Attn: employer accounts

Phone: 717-812-0759 or 717-812-1894

Payment also accepted by credit card – [www.yatb.com](http://www.yatb.com) – Pay your Earned Income Tax and Other Taxes On-Line.

### INSTRUCTIONS FOR FORM 319

**FORM 319:** Is for use by employers to report quarterly, the compensation tax that has been withheld from employees' gross earnings. Every employer having an office, factory, workshop, branch, or other place of business within the taxing jurisdiction imposing tax on earned income or net profits, who employs one or more persons other than domestic servants, shall deduct at the time of payment, the compensation tax imposed by ordinance or resolution on the earned income due to his employee or employees and shall file a return and pay to this Bureau the amount of taxes deducted during the preceding three month period as stated below.

**QUARTERLY RETURNS AND DUE DATES:** 1<sup>ST</sup> Qtr Jan-Mar – Due Apr 30; 2<sup>ND</sup> Qtr Apr-June – Due July 31; 3<sup>RD</sup> Qtr July-Sep – Due Oct 31; 4<sup>TH</sup> Qtr Oct-Dec – Due Jan 31.

**WHERE TO FILE:** One copy of Form 319 must be completed, signed, dated and filed with the York Adams Tax Bureau, 1405 N Duke St, PO Box 15627, York PA 17405-0156. Use the enclosed return envelope.

**SPECIAL NOTICE:** Use the applicable coupon form enclosed with this packet to notify the Bureau of any change in status or ownership so our records are promptly and properly updated. You are also required to notify this Bureau within 30 days if your business is terminated, transferred, or sold. We need the full name, address and telephone numbers of all new owners.

**FREQUENTLY ASKED EMPLOYER QUESTIONS ARE ANSWERED ON OUR WEBSITE.**

**ADDITIONAL TAXES COLLECTED BY THIS BUREAU ARE LISTED ON OUR WEBSITE.**

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund, and collection of local taxes by calling the York Adams Tax Bureau at 717-812-0759 during the hours of 8:00 am – 4:00 pm, Monday through Friday.

Additional forms are available on our website.

### INSTRUCTIONS FOR FORM 322

1. The Bureau's copy of this annual reconciliation form should be filed on or before Feb. 28. This form must be accompanied by a Form W-2 for each employee from whom compensation tax has been withheld from Jan. 1 – Dec. 31. Employers filing 250 or more W-2 forms are required to report their W-2 information on approved, acceptable magnetic media. Contact the Bureau for more information or visit the Bureau web site.
2. The total of compensation tax withheld as reported on Forms W-2 should be entered on Line 6. Please include an adding machine tap or a computer report total as proof of this total, if the total is not on the magnetic media.
3. For employers filing fewer than 250 W-2 forms we encourage you to submit your W-2 information to this Bureau on diskette, in lieu of forwarding copies of the W-2s, providing you use the format we specify for the records. Please call the Bureau for additional information.
4. This reconciliation form is to be returned to the Bureau, even if you withheld no compensation tax during one or more quarters of the calendar year applicable to this filing.

**NOTE:** The total tax withheld figure on Line 6 should agree with the Line 5 total tax remitted by you during the year. Compare the two totals. If the difference exceeds \$1.00, adjust your payment for the 4<sup>th</sup> quarter accordingly. Differences of less than \$1.00 are acceptable.

Please insert your Federal E.I.N.; contact person's name; phone number; authorized officer name (print); fax number; email address; authorized signature; title and date in the spaces provided on form 322.

EMPLOYER NAME AND ADDRESS

BUREAU ACCOUNT NO.	
<b>1</b>	
QTR	TAXYEAR
FEDERAL EIN	

**FORM 319**  
EMPLOYER'S QUARTERLY  
COMPENSATION TAX RETURN

YORK ADAMS TAX BUREAU  
P.O. BOX 15627, YORK, PA. 17405  
(717) 812-0759

REMOVE HERE

\$	+	OR	-	\$	=	1.		
TOTAL TAX WITHHELD DURING THIS QUARTER				PRIOR PERIOD ADJUSTMENT				
PENALTY - .005 X LINE 1 FOR EACH MONTH TAX IS PAST DUE.							2.	
INTEREST - .000164 X LINE 1 FOR EACH DAY TAX IS PAST DUE.							3.	
TOTAL REMITTANCE. LINE 1 + LINE 2 + LINE 3							4.	

IF THIS TAX IS BEING  
REMITTED BY THE ACH  
CREDIT METHOD, CHECK  
THIS BOX.  DATE OF ACH \_\_\_\_\_

CONTACT PERSON'S NAME (PRINT) \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 AUTHORIZED OFFICER'S NAME (PRINT) \_\_\_\_\_ FAX NO. \_\_\_\_\_  
 \_\_\_\_\_ EMAIL \_\_\_\_\_

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN. \_\_\_\_\_ AUTHORIZED SIGNATURE REQUIRED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER NAME AND ADDRESS

BUREAU ACCOUNT NO.	
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QTR	TAXYEAR
FEDERAL EIN	

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EMPLOYER NAME AND ADDRESS

BUREAU ACCOUNT NO.		2
FEDERAL EIN		
QTR	TAXYEAR	

**FORM 319**  
**EMPLOYER'S QUARTERLY**  
**COMPENSATION TAX RETURN**

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EMPLOYER NAME AND ADDRESS

BUREAU ACCOUNT NO.		3
FEDERAL EIN		
QTR	TAXYEAR	

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EMPLOYER NAME AND ADDRESS

BUREAU ACCOUNT NO.		4	TAX YEAR
FEDERAL EIN			

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FEDERAL EIN			

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FEDERAL EIN			

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**FORM 322 ANNUAL RECONCILIATION OF COMPENSATION TAX WITHHELD FROM WAGES FOR 2009**

REMOVE HERE

EMPLOYER NAME AND ADDRESS	ACCOUNT NO.	NUMBER PACKAGES	QUARTERLY PAYMENTS BREAKDOWN	
			TOTAL COMPENSATION TAX REMITTED JAN 1- DEC. 31 AS REPORTED ON LINE 1, OF FORM FORM 319	
FEDERAL E.I.N.	1. QTR. ENDED 3/31	3. QTR. ENDED 9/30		
	\$	\$		
	2. QTR. ENDED 6/30	4. QTR. ENDED 12/31		
	\$	\$		
A. THE NUMBER OF W-2 RECORDS REPORTING LOCAL COMPENSATION TAX WITHHELD IS _____.		5. TOTAL TAX REMITTED SHOULD = ENTRY ON LINE 6.	\$	
B. ENCLOSE VERIFICATION OF THE TOTAL COMPENSATION TAX WITHHELD AS REPORTED ON THE W-2 RECORDS SUBMITTED TO THIS BUREAU. <u>EXAMPLE</u> : CALCULATOR TAPE OR COMPUTER REPORT. IF OVERPAID CHECK ONE <input type="checkbox"/> REFUND _____ <input type="checkbox"/> APPLY TO 2010 _____		6. TOTAL TAX WITHHELD AS REPORTED ON FORMS W-2.	\$	
C. CONTACT PERSON'S NAME (PRINT) _____		PHONE NO. _____	FAX NO. _____	EMAIL _____
D. ENCLOSE THE FORMS W-2 INFORMATION WITH THIS FORM 322.				

**YORK ADAMS TAX BUREAU**  
1405 N. DUKE STREET, P.O. BOX 15627  
YORK, PA 17405-0156 . PHONE (717) 812-0759

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**FORM 322 ANNUAL RECONCILIATION OF COMPENSATION TAX WITHHELD FROM WAGES FOR 2009**

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			TOTAL COMPENSATION TAX REMITTED JAN 1- DEC. 31 AS REPORTED ON LINE 1, OF FORM FORM 319	
FEDERAL E.I.N.	1. QTR. ENDED 3/31	3. QTR. ENDED 9/30		
	\$	\$		
	2. QTR. ENDED 6/30	4. QTR. ENDED 12/31		
	\$	\$		
A. THE NUMBER OF W-2 RECORDS REPORTING LOCAL COMPENSATION TAX WITHHELD IS _____.		5. TOTAL TAX REMITTED SHOULD = ENTRY ON LINE 6.	\$	
B. ENCLOSE VERIFICATION OF THE TOTAL COMPENSATION TAX WITHHELD AS REPORTED ON THE W-2 RECORDS SUBMITTED TO THIS BUREAU. <u>EXAMPLE</u> : CALCULATOR TAPE OR COMPUTER REPORT. IF OVERPAID CHECK ONE <input type="checkbox"/> REFUND _____ <input type="checkbox"/> APPLY TO 2010 _____		6. TOTAL TAX WITHHELD AS REPORTED ON FORMS W-2.	\$	
C. CONTACT PERSON'S NAME (PRINT) _____		PHONE NO. _____	FAX NO. _____	EMAIL _____
D. ENCLOSE THE FORMS W-2 INFORMATION WITH THIS FORM 322.				

**YORK ADAMS TAX BUREAU**  
1405 N. DUKE STREET, P.O. BOX 15627  
YORK, PA 17405-0156 . PHONE (717) 812-0759

I DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN. \_\_\_\_\_ AUTHORIZED SIGNATURE REQUIRED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**FORM 322 ANNUAL RECONCILIATION OF COMPENSATION TAX WITHHELD FROM WAGES FOR 2009**

REMOVE HERE

EMPLOYER NAME AND ADDRESS	ACCOUNT NO.	NUMBER PACKAGES	QUARTERLY PAYMENTS BREAKDOWN	
			TOTAL COMPENSATION TAX REMITTED JAN 1- DEC. 31 AS REPORTED ON LINE 1, OF FORM FORM 319	
FEDERAL E.I.N.	1. QTR. ENDED 3/31	3. QTR. ENDED 9/30		
	\$	\$		
	2. QTR. ENDED 6/30	4. QTR. ENDED 12/31		
	\$	\$		
A. THE NUMBER OF W-2 RECORDS REPORTING LOCAL COMPENSATION TAX WITHHELD IS _____.		5. TOTAL TAX REMITTED SHOULD = ENTRY ON LINE 6.	\$	
B. ENCLOSE VERIFICATION OF THE TOTAL COMPENSATION TAX WITHHELD AS REPORTED ON THE W-2 RECORDS SUBMITTED TO THIS BUREAU. <u>EXAMPLE</u> : CALCULATOR TAPE OR COMPUTER REPORT. IF OVERPAID CHECK ONE <input type="checkbox"/> REFUND _____ <input type="checkbox"/> APPLY TO 2010 _____		6. TOTAL TAX WITHHELD AS REPORTED ON FORMS W-2.	\$	
C. CONTACT PERSON'S NAME (PRINT) _____		PHONE NO. _____	FAX NO. _____	EMAIL _____
D. ENCLOSE THE FORMS W-2 INFORMATION WITH THIS FORM 322.				

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MAIL TO: York Adams Tax Bureau  
PO Box 15627  
York, PA 17405-0156

# CHANGE / CORRECTION FORM

REMOVE HERE

CURRENT INFORMATION	CORRECT INFORMATION
Federal EIN	Federal EIN
Bureau Account #	Bureau Account #
Name and Address of Business Entity.	Name and Address of Business Entity.  <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Mailing And Physical Address Change
CONTACT PERSON'S NAME _____	PHONE NO _____
AUTHORIZED OFFICER'S NAME (PRINT) _____	FAX NO _____
DATE _____	EMAIL _____
AUTHORIZED OFFICER'S SIGNATURE _____	TITLE _____

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PO Box 15627  
York, PA 17405-0156

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CONTACT PERSON'S NAME _____	PHONE NO _____
AUTHORIZED OFFICER'S NAME (PRINT) _____	FAX NO _____
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AUTHORIZED OFFICER'S NAME (PRINT) _____	FAX NO _____
DATE _____	EMAIL _____
AUTHORIZED OFFICER'S SIGNATURE _____	TITLE _____

MAIL TO: York Adams Tax Bureau  
PO Box 15627  
York, PA 17405-0156

**FINAL REPORT IF BUSINESS IS  
TERMINATED OR NO LONGER HAS EMPLOYEES.**

REMOVE HERE

CURRENT INFORMATION	NEW ACCOUNT INFORMATION
Federal EIN	Federal EIN
Bureau Account #	Bureau Account #
Name and Address of Business Entity.	Name and Address of Business Entity. <input type="checkbox"/> Mailing Address Change Only <input type="checkbox"/> Mailing And Physical Address Change
REASON FOR FINAL REPORT: (check one) <input type="checkbox"/> Business closed Date _____ <input type="checkbox"/> Business sold Date _____ <input type="checkbox"/> No longer have employees liable for this tax Date _____ <input type="checkbox"/> No employees on payroll, but business still operational Date of last payroll: _____ Phone _____ <input type="checkbox"/> Other _____ Fax _____	EFFECTIVE DATE OF NEW EIN ____ / ____ / ____
Authorized officer's name (print) _____	Email _____
Authorized officer's signature (required) _____	Title _____ Date _____

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Authorized officer's name (print) _____	Email _____
Authorized officer's signature (required) _____	Title _____ Date _____

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PO Box 15627  
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Authorized officer's name (print) _____	Email _____
Authorized officer's signature (required) _____	Title _____ Date _____