

**MAIL
TO:**

**YORK ADAMS TAX BUREAU
Employer Services Department
1405 N Duke Street
PO Box 15627
York PA 17405-0156**

CHANGE/CORRECTION FORM

Current Information

New/Corrected Information

Employer Business Name (use Federal ID Name)		
YATB Employer Account Number		
Federal EIN		
Address		
City	State	ZIP Code

Employer Business Name (use Federal ID Name)		
YATB Employer Account Number		
Federal EIN		
Address		
City	State	ZIP Code

Mailing address change

Mailing and physical address change

Name of Individual Filing Report		Title
Signature		Date
Phone Number ()	E-Mail Address	

**MAIL
TO:**

**YORK ADAMS TAX BUREAU
Employer Services Department
1405 N Duke Street
PO Box 15627**

**FINAL REPORT IF BUSINESS IS
TERMINATED OR NO LONGER**

Employer Business Name (use Federal ID Name)

Employer Business Name (use Federal ID Name)

YATB Employer Account Number

YATB Employer Account Number

Address		
City	State	ZIP Code

Address		
City	State	ZIP Code

- Change or Correction of Business Information
- Business Closed
- Business Sold
- No Longer has Employees Subject to Local EIT
- No Employees on Payroll
- Other (Explain)

**REASON FOR FINAL REPORT
(check one)**



If Applicable, Date of Last Payroll _____

Name of Individual Filing Report		Title
Signature		Date
Phone Number ()	E-Mail Address	