

**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**

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

**New/Corrected Information**

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	

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

**Current Information**

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

**New/Corrected Information**

Employer Business Name (use Federal ID Name)		
YATB Employer Account Number		
Federal EIN		
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)

If Applicable, Date of Last Payroll \_\_\_\_\_

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



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