



EMPLOYER REGISTRATION

Local Earned Income Tax Withholding

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 contacting your Tax Officer.

EMPLOYER INFORMATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

MAIN CORPORATE/BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR)

SECOND LINE OF ADDRESS

CITY OR POST OFFICE

STATE

ZIP

EMPLOYER BUSINESS LOCATION - STREET ADDRESS WITHIN PA (if same as above, leave blank. No PO Box, RD or RR)

SECOND LINE OF ADDRESS

CITY OR POST OFFICE

STATE

ZIP

MUNICIPAL TAXING AUTHORITY (City, Borough or Township) IN WHICH FACILITY OR BUSINESS IS LOCATED

COUNTY

BUSINESS PHONE NUMBER

BUSINESS FAX NUMBER

EMPLOYER PA BUSINESS LOCATION PSD CODE

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FEDERAL EIN OR SOCIAL SECURITY #

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ORGANIZATION

TYPE OF ORGANIZATION

LLC

Individual Proprietorship

Partnership

Association

Fiduciary

Corporation

PRIMARY NATURE/OPERATION OF BUSINESS

DATE OF INCORPORATION (MM/DD/YYYY)

DATE OPERATION BEGAN AT THIS LOCATION (MM/DD/YYYY)

ACCOUNTING INFORMATION

Does your organization have multiple site locations within Pennsylvania? Yes No

Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District? Yes No

If YES, please insert 2-digit code for Tax Collection District Selected (choose from list on reverse side)

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)

TITLE

PRIMARY CONTACT PHONE NUMBER

PRIMARY CONTACT EMAIL ADDRESS

SIGNATURE OF PRIMARY CONTACT INDIVIDUAL

DATE (MM/DD/YYYY)

TCD Code	Tax Collection District	TCD Code	Tax Collection District
01	ADAMS TAX COLLECTION DISTRICT	32	INDIANA TAX COLLECTION DISTRICT
70	ALLEGHENY CENTRAL TAX COLLECTION DISTRICT	33	JEFFERSON TAX COLLECTION DISTRICT
71	ALLEGHENY NORTH TAX COLLECTION DISTRICT	34	JUNIATA TAX COLLECTION DISTRICT
72	ALLEGHENY SOUTHEAST TAX COLLECTION DISTRICT	35	LACKAWANNA TAX COLLECTION DISTRICT
73	ALLEGHENY SOUTHWEST TAX COLLECTION DISTRICT	36	LANCASTER TAX COLLECTION DISTRICT
03	ARMSTRONG TAX COLLECTION DISTRICT	37	LAWRENCE TAX COLLECTION DISTRICT
04	BEAVER TAX COLLECTION DISTRICT	38	LEBANON TAX COLLECTION DISTRICT
05	BEDFORD TAX COLLECTION DISTRICT	39	LEHIGH TAX COLLECTION DISTRICT
06	BERKS TAX COLLECTION DISTRICT	40	LUZERNE TAX COLLECTION DISTRICT
07	BLAIR TAX COLLECTION DISTRICT	41	LYCOMING TAX COLLECTION DISTRICT
08	BRADFORD TAX COLLECTION DISTRICT	42	MCKEAN TAX COLLECTION DISTRICT
09	BUCKS TAX COLLECTION DISTRICT	43	MERCER TAX COLLECTION DISTRICT
10	BUTLER TAX COLLECTION DISTRICT	44	MIFFLIN TAX COLLECTION DISTRICT
11	CAMBRIA TAX COLLECTION DISTRICT	45	MONROE TAX COLLECTION DISTRICT
12	CAMERON TAX COLLECTION DISTRICT	46	MONTGOMERY TAX COLLECTION DISTRICT
13	CARBON TAX COLLECTION DISTRICT	47	MONTOUR TAX COLLECTION DISTRICT
14	CENTRE TAX COLLECTION DISTRICT	48	NORTHAMPTON TAX COLLECTION DISTRICT
15	CHESTER TAX COLLECTION DISTRICT	49	NORTHUMBERLAND TAX COLLECTION DISTRICT
16	CLARION TAX COLLECTION DISTRICT	50	PERRY TAX COLLECTION DISTRICT
17	CLEARFIELD TAX COLLECTION DISTRICT	51	PHILADELPHIA TAX COLLECTION DISTRICT
18	CLINTON TAX COLLECTION DISTRICT	52	PIKE TAX COLLECTION DISTRICT
19	COLUMBIA TAX COLLECTION DISTRICT	53	POTTER TAX COLLECTION DISTRICT
20	CRAWFORD TAX COLLECTION DISTRICT	54	SCHUYLKILL TAX COLLECTION DISTRICT
21	CUMBERLAND TAX COLLECTION DISTRICT	55	SNYDER TAX COLLECTION DISTRICT
22	DAUPHIN TAX COLLECTION DISTRICT	56	SOMERSET TAX COLLECTION DISTRICT
23	DELAWARE TAX COLLECTION DISTRICT	57	SULLIVAN TAX COLLECTION DISTRICT
24	ELK TAX COLLECTION DISTRICT	58	SUSQUEHANNA TAX COLLECTION DISTRICT
25	ERIE TAX COLLECTION DISTRICT	59	TIOGA TAX COLLECTION DISTRICT
26	FAYETTE TAX COLLECTION DISTRICT	60	UNION TAX COLLECTION DISTRICT
27	FOREST TAX COLLECTION DISTRICT	61	VENANGO TAX COLLECTION DISTRICT
28	FRANKLIN TAX COLLECTION DISTRICT	62	WARREN TAX COLLECTION DISTRICT
29	FULTON TAX COLLECTION DISTRICT	63	WASHINGTON TAX COLLECTION DISTRICT
30	GREENE TAX COLLECTION DISTRICT	64	WAYNE TAX COLLECTION DISTRICT
31	HUNTINGDON TAX COLLECTION DISTRICT	65	WESTMORELAND TAX COLLECTION DISTRICT
		66	WYOMING TAX COLLECTION DISTRICT
		67	YORK TAX COLLECTION DISTRICT

YORK ADAMS TAX BUREAU

1405 N Duke St

PO Box 15627

York, PA 17405-0156

(717) 812-0759 Fax (717) 854-6376

www.yatb.com email: employer@yatb.com

BUSINESS ENTITY QUESTIONNAIRE

COMPLETE AND RETURN WITHIN 15 DAYS

To comply with the Act of December 31, 1965 P.L. 1257 No. 511 and known as the “Local Tax Enabling Act”, including amendments and the provisions mandated by Act 166 of December 9, 2002 and Act 32 and the Tax Ordinances and Resolutions adopted by this Bureau’s member taxing authorities, the following information is to be provided by each employer or business entity operating within the taxing authorities which have appointed this bureau to collect taxes on their behalf.

All information received will be confidential.

This questionnaire must be signed by the person responsible for the fiduciary duties of the company. Incomplete or unsigned forms will be returned.

All businesses entities or organizations should notify the York Adams Tax Bureau promptly of any change in status so that all records may be adjusted accordingly. Please advise us within thirty days, should the business be liquidated or sold. If sold give the name and address of new owners.

Pages one and two of this employer questionnaire are to be completed by each business entity. The enclosed employer questionnaire is applicable to a business entity that operates within any of the member taxing authorities who are members of this Bureau and have appointed this Bureau as their collector of Local Compensation and Net Profit; or the Local Services Tax (formerly EMST); or the Mercantile and Business Privilege Tax.

YORK ADAMS TAX BUREAU
BUSINESS ENTITY QUESTIONNAIRE

1. Business Name _____
Trade Name _____
Mailing Address _____
City _____ State _____ Zip Code _____

2. Business officer, business owner, or employee within the above named business who is primarily or solely responsible for filing quarterly tax return forms, annual reconciliation forms, the employer W-2 forms

Name _____ Title _____

Business Phone _____ Ext _____ Fax # _____

Address (if other than above) _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____

3. Quarter and year local income tax withholding started _____

4. Federal employer identification number _____ - _____

5. Type of Entity: Association____ Proprietorship____ Partnership____ Professional Corporation____

Limited Liability Partnership____ Limited Liability Company____ S Corporation____

Foundation ____ Other (Specify) _____

6. Address where business is physically located: (PO Box address is not acceptable) Attach separate listing if more than one location.

Number and Street _____

City _____ State _____ Zip Code _____

If located in our area of tax collection authority, provide the name of the borough, city or township and school district in which the business or businesses are located:

Borough, City or Township _____ School District _____

7. Principal type of business in which you are engaged. (Please provide a description with as much detail as possible.)

BUSINESS ENTITY QUESTIONNAIRE (cont.)

8. Name of the firm who will prepare your quarterly and annual tax returns, if an outside source is utilized.

Name _____

Address _____

Phone _____ Fax _____

9. Was this business acquired from a predecessor? Yes _____ No _____

If yes, predecessor's name _____

Account number utilized for reporting to this bureau _____

Date when you acquired your predecessor's business _____

10. Number Of W2 Employees to be reported through this office _____

11. To be answered by corporate employers: Provide the full name, social security number and home address of the officer(s) having primary responsibility, or overseeing the discharge of registering with the York Adams Tax Bureau; deducting or withholding local income tax from employees' compensation as defined in the act; paying withheld tax to the bureau; filing returns, reconciliations or withholding statements as required by ordinance, resolution or statute.

Name _____ S.S. Acct. No. _____

Address _____

12. To be answered by private corporate employers: Social security number, name, address and number of shares held by shareholders.

Social Security #	Name And Address	Number Of Shares
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(Attach a separate sheet if additional space is required)

I hereby certify that all information and statements are true and correct.

Date _____

Authorized Officer's name (printed) _____

Authorized Officer's Signature _____

Your business E-Mail address (optional) _____

York Adams Tax Bureau Employer Online Filing Questionnaire

In order to have the ability to file your EIT (earned income tax) W-2 and/or LST (local services tax) detail online, please complete the form below and email it to onlineaccounts@yatb.com, or fax it to Employer Services at (717) 854-6376. We will register your account and issue a temporary password. Employers who process their own payroll, fill out Section 1. Payroll processing services, please fill out Section 2. Please type or write legibly.

SECTION 1 (Individual Employers):

1. Business Name: _____
2. York Adams Tax Bureau Account Number: _____
3. Federal EIN: _____ -- _____
4. Amount of Last Quarterly EIT Payment (for verification purposes): \$ _____
5. Contact Person: _____
6. Contact Person's Email address: _____
7. Contact Person's Direct Phone Number: _____

SECTION 2 (Payroll Processors):

1. Payroll Processor Name: _____
2. Payroll Processor EIN: _____ -- _____
3. Contact Person: _____
4. Contact Person's Email address: _____
5. Contact Person's Direct Phone Number: _____

In addition to the above information, Payroll Processors must e-mail an Excel spreadsheet containing the following details:

- Identify the attachment as W-2 data or LST Accounts
- YATB account number for each employer
- Federal EIN for each employer
- Name of each employer

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